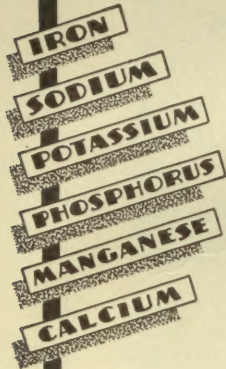


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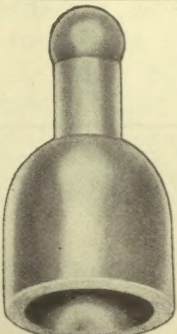


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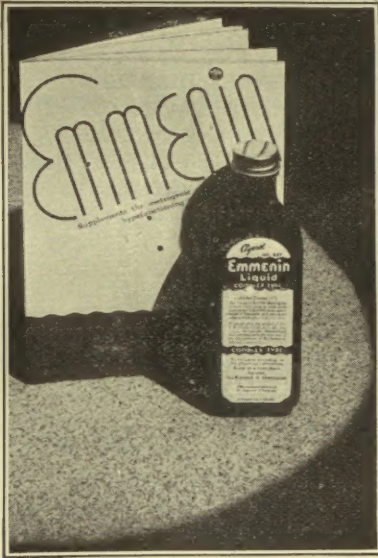
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The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

VOL. XXXII

MONTREAL, QUE., JANUARY, 1936

No. 1

STAFFING WITH GRADUATE NURSES

MABEL HOLT, Superintendent of Nurses and Principal of the School of Nursing,
The Montreal General Hospital.

The purpose of this article is to describe the administration of the nursing service in the Western Division of The Montreal General Hospital. This relatively large unit is now staffed exclusively by graduate nurses but, before this type of service could be offered to the public, a long and difficult period of re-organization had to be faced. By way of introduction, therefore, it is necessary to outline the successive events which led up to the adoption of our present policy.

Fusion

On January 1, 1924, an amalgamation of The Montreal General Hospital with the Western Hospital of Montreal was decided upon. The Western was, at that time, a general hospital of about one hundred beds with an active out-patient department. This hospital had conducted a school of nursing but, in view of the amalgamation, it was thought best to merge it into the School of Nursing of The Montreal General Hospital.

In an undertaking of this kind one can readily picture the many difficulties, associated with tradition and sentiment, which presented themselves. The late Miss Sarah E. Young was at that time superintendent of nurses in The Montreal General Hospital, while Miss Jane Craig held a similar position at the Western Hospital. Thanks to their wisdom, patience and tact, the delicate task of fusion was brought to a successful conclusion.

At the conclusion of an extensive building programme, the former Western

Hospital, now known as the Western Division of the Montreal General Hospital, comprises the following units:

1. A private patient pavilion with an ultimate capacity of eight floors, each accommodating twenty-five patients. Four of these floors are already in operation.

2. The original Western Hospital buildings now used as: (a) two public wards (for men and women), each having a bed capacity of twenty-seven; (b) a children's ward, having ten beds; (c) an active out-patient service with a total of 71,777 consultations in 1934.

This addition to the existing services of the Central Division naturally implied a larger nursing staff and the question then arose as to the wisdom or otherwise of increasing the enrolment of the school of nursing of The Montreal General Hospital in order to meet the demand. After careful deliberation it was decided not to do so because, by 1932, unemployment, especially among the recent graduates, had become acute. In April of that year we therefore instituted the policy of gradually withdrawing our students from the Western Division and substituting graduate nurses on general duty.

The "Interne" Course

At this point it should be mentioned that, in October 1932, we organized what was termed an "interne course." This course, with certain modifications, is still given and consists of a four months' period of clinical experience in

any of the following nursing services: medicine, surgery, gynecology, eye, ear, nose and throat; urology. Graduate nurses taking these courses are given full maintenance and laundry together with an allowance of \$20.00 per month. Their hours of duty are the same as those of the student nurses and they are expected to be in the residence by midnight unless special leave has been granted. They wear the uniform of the school, and its medal, and are thus distinguished from the permanent graduate staff (who wear white) and from the students. They are permitted to attend any lectures they wish and are required to prepare two complete case studies based on their experience during the course.

This interne course was not planned as a true postgraduate course but was really an emergency measure, intended to give employment to newly graduated nurses who might otherwise have glutted the crowded waiting lists of the private duty registries. It gave the young nurse a chance to look about for possible openings and meanwhile, to maintain herself while building up her experience in a selected service.

In the end it did much more because, quite early in the experiment, its relation to the situation at the Western Division became apparent: these nurses were prepared for the work of the general duty nurse and from among them were selected the future general duty staff nurses of the Western Division. These nurses fully understand that in order to be employed on the regular staff they must give satisfaction during this probationary period. I would like to add that unemployment among the graduates of The Montreal General Hospital has been considerably lessened through the carrying out of this scheme. Selection is made according to seniority, combined with ability for administration, the latter quality taking precedence.

Organization and Supervision

The director of nursing service at the Western, her assistants and the charge nurses were carefully chosen from among the best qualified graduates of the schools of nursing of The Montreal General Hospital and of the former Western Hospital. All are experienced nurses who have demonstrated their fitness for the positions they hold.

Some time previous to the opening, a great deal of time and thought were given to the planning of the staff, the policy being to give to the public, modern private accommodation at a moderate cost, with adequate graduate nursing service. The following ratio for a typical floor of twenty-five beds was eventually worked out and carried through:

- 1 charge nurse,
- 8 general duty nurses (6 day and 2 night),
- 2 floats (1 day and 1 night),
- 2 orderlies (1 day and 1 night),
- 3 maids for day duty.

It was taken into consideration that a certain percentage of patients would always have their own special nurses and, should this condition predominate more on one floor than another, then the staff could be adjusted to meet the situation since all floors are similar and all equipment identical.

The Eight-Hour Day

In planning for a graduate nursing staff it soon became evident that the provision of a night staff and of relief in the daytime would present certain difficulties. It was therefore decided to adopt a modified eight-hour day. Another advantage of this plan is that it materially reduced the twelve-hour period of night duty so much disliked by general duty nurses. Furthermore, it made it easier to place on night duty, nurses who knew the patients and their needs.

The nursing staff of a typical private floor of twenty-five beds is now arranged as follows:

Charge nurse: on duty from 7 a.m. to 7

p.m. with two hours off daily, one full day off per week and a half-day on Sundays.

Deputy charge nurse: on duty at 7 a.m. for an eight-hour day. Her hours of duty are "broken" to suit the exigencies of the ward. She is granted a full day off duty each fortnight.

General duty nurse: specially assigned to the ward kitchen who comes on eight-hour duty at 7 a.m., has "broken" hours and is

granted a full day off each fortnight.

Three general duty nurses: these are on duty from 8 a.m. to 4 p.m. with one full day off each fortnight.

Two general duty nurses: these are on duty from 4 p.m. to 12 p.m. with one full day off each fortnight.

One general duty nurse: on duty from 12 p.m. to 8 a.m. with one full day off each fortnight.



THE WESTERN DIVISION OF THE MONTREAL GENERAL HOSPITAL

The auxiliary and domestic staff in each unit is as follows:

One ward aide, who is on duty 7 a.m. to 6 p.m.

One day orderly, who is on duty from 7 a.m. to 7 p.m.

One night orderly, who is on duty from 7 p.m. to 7 a.m.

Two maids, who are on duty from 7 a.m. to 6 p.m.

In order to meet emergencies, a general duty nurse is detailed specially for relief and replaces the nurses who are off duty for a full day. One day nurse and one night nurse also act as "floats" between two floors. When the work is exceptionally heavy it is also possible to obtain temporary assistance from the staff assigned to the operating room or the out-patient department.

Rotation

The hours in which general duty nurses are assigned to duty are rotated as follows:

For six weeks: on duty from 8 a.m. to 4 p.m.

For two weeks: on duty from 4 p.m. to 12 p.m.

For two weeks: on duty from 12 p.m. to 8 a.m.

Specific Duties

The charge nurse, or Sister, as we call her, is responsible for the administration of her ward and for the care of the patients. She makes rounds with the attending physicians. She directs the nursing staff and assigns the patients for whom they are to care. The deputy charge nurse is responsible for these duties in her absence.

The duties of the general duty nurse who is assigned to duty in the ward kitchen are worth noting. She is responsible for the service of all meals and special diets and for the care and upkeep of the equipment, of the trays and of the kitchen itself. The patients who are on general ward care are served first and, during this time, the special nurses go to the staff dining-room for their own meals. Upon their return, the ward kitchen is free for their use and they serve their

patients with the assistance of the "kitchen" general duty nurse. This method has greatly facilitated the food service.

The remaining staff are assigned to the general nursing care of the patients. Within certain limitations, each nurse, on day duty, has her own patients and cares for them continuously throughout their stay.

As a general rule all members of the nursing staff are graduates of our own school and are therefore familiar with our administrative routine and our nursing methods. If, at any time it is found necessary to engage nurses from other schools they are assigned to one of the public wards under the supervision of the charge nurse.

Comparative Costs

A great many factors must be taken into consideration when comparative costs are under discussion. Conditions vary widely in different institutions and what is true in this hospital might not apply elsewhere. So far as we are concerned the question of housing has been a determining factor. If we had staffed the Western Division with student nurses it would have meant increased capital expenditure for the purpose of enlarging the residence, for it must be remembered that housing must be provided for students during their preparatory period when they give little or no service on the wards. The resulting tie-up of capital and the increase of overhead charges for maintenance are important points which are too frequently overlooked when comparative costs are being analyzed. There would also have been added expense for teaching and supervising additional students.

Advantages

We have been fortunate in that the Western Division is a separate unit, complete in itself and quite apart from the Central Division. There is therefore no conflict in the organization and discipline

of the graduate staff and the school of nursing nor do the students miss the valuable experience of caring for private patients since, at the Central Division, we have accommodation for sixty-five patients of this class.

It is already apparent that the service given by our graduate nurses appeals immensely to the public. We have found that the patients appreciate the fact that

that they may obtain the necessary experience.

From the point of view of the young graduate nurse, the experiment has worked out well. She has been given interesting and steady employment, excellent working conditions, reasonable working hours, good housing and maintenance and a relatively small but certain income. The alternative, during the past four years, would probably have been a dreary



A WARD KITCHEN ON A PRIVATE FLOOR.

To the right are the individual refrigerators, one for each room; the key to each is kept by the nurse in charge of the patient. Note the electric hot water urn and coffee percolator. The combined dish washer and sterilizer is shown to the left. The steam table is canopied to ensure proper ventilation.

they are receiving skilled care instead of the unknown quantity bestowed by different grades of student nurses.

The medical staff particularly like the stability of the nursing service which is free from the incessant changing which is inevitable when students have to be moved from one ward to another in order

wait for the few calls which might come from the registry. Furthermore, if she displays initiative and ability she is eligible for promotion to senior positions; from the hospital point of view, the whole experiment has proven most valuable in that it makes this selective process possible.

A Broader View

There are, however, other and even more important benefits, affecting the nursing profession as a whole, which have come about as a direct result of this new policy. Instead of adding to the output of graduate nurses during these difficult years by increasing the enrolment of our school of nursing, we have created em-

ployment for those who otherwise would have been obliged to enter an overcrowded and highly competitive field. I also consider it to be a great factor in the education of the public concerning its responsibility to nurses and nursing that a Board of Directors should be willing to try out the difficult experiment of staffing a complete unit with graduate nurses.



AN HONOUR FOR CANADA

In the October issue of the *Journal*, under the caption of "Notes from the National Office", will be found a report of the proceedings at the second ordinary meeting of The Florence Nightingale Memorial Foundation which took place in London last July. In the text of this report the following statement appears: "It has been decided to take preliminary action by having a study made of the facilities for nursing education now existing in London. A committee of four is to make this study, three of whom shall be residents of London, and the fourth, who will direct the study, shall be a nurse from some other country."

A distinguished Canadian nurse, Miss E. Kathleen Russell, director of the School of Nursing of the University of Toronto, has been chosen to guide this highly important piece of work and with her will be associated three English experts: Professor Beatrice Edgell, Ph.D., until recently professor of psychology at Bedford College for Women, University of London; Miss M. A. Gullan, Sister Tutor in St. Thomas's Hospital, London; Miss Helen Dey, Matron and Superintendent of Nurses, St. Bartholomew's Hospital, London.

Canadian nurses have cause for special pleasure and pride in Miss Russell's appointment, for she possesses unusual qualifications for this exacting piece of work. Miss Russell holds the degrees of Bachelor of Arts from The University of King's College and Bachelor of Pedagogy from the University of Toronto. She is a graduate of the School of

Nursing of the Toronto General Hospital and, from its beginning, has been director of the School of Nursing of the University of Toronto. This school is an unique experiment in nursing education which she has organized and directed with wisdom, foresight and skill; her administrative and educational policies are being watched with keen interest by educators in all parts of the world, for it is already apparent that they will exert considerable influence on future plans for the education of nurses. To have successfully guided the first years of such a difficult undertaking is in itself a full preparation for this new task, but in addition to her professional and academic qualifications, Miss Russell also possesses a temper of mind and a philosophic approach which will render her invaluable. The distinguished women who are to be her colleagues are well known to many Canadian nurses and especially to those who have attended the courses at Bedford College. The nurses of the world may confidently expect that the foundation, upon which the Nightingale International Memorial is to be built, will be well and truly laid.

The Board of Governors of the University of Toronto has granted Miss Russell leave of absence for three months and she will sail for England early in February. She takes with her the good wishes of all Canadian nurses; we are proud of her, and we are confident that she will amply fulfil the high expectations of the authorities of the Nightingale Memorial Foundation who have so wisely chosen her.

THE EDITOR'S DESK

Showing the Way

The article to which we give pride of place in the first issue of the *Journal* for the New Year is "Staffing With Graduate Nurses," written by Miss Mabel Holt, superintendent of nurses and principal of the School of Nursing of The Montreal General Hospital. It describes a most important experiment in staffing, exclusively with graduate nurses, an entire division of a large general hospital. Miss Holt first outlines the factors which led to the adoption of the new plan and then describes the admirable administrative policies which have been worked out in order to put it into operation. Viewed simply as a study in effective nursing administration this article has definite value, but its implications go much deeper than that.

Here is proof that the authorities of one of the oldest and best of Canadian hospitals have had the foresight and courage to seek a more excellent way. The easy and obvious solution would have been to increase the enrolment of the School of Nursing; the awkward fact that there was already severe unemployment among the graduates of the School could have been conveniently ignored. To their lasting credit be it said, the Board of Governors of the Hospital weighed carefully the issues placed before them by the medical superintendent and by the superintendent of nurses, and decided in favour of a policy which, only too often, has been thrust aside as unworkable without thorough investigation of its possibilities.

This decision, coming from men who are authorities in the financial world, ought to put courage into the hearts and steel into the backbones of nurse administrators who have ventured to advocate this policy even in the face of powerful though sometimes unreasoning opposition.

A second aspect of Miss Holt's article which merits equally careful study is her description of the working out of

the eight-hour day. Sufficient detail is given to make the plan perfectly clear and it is significant that the provision of relief is simplified, to some extent at least, by adopting this system. The use of ward aides has been found to be satisfactory and to them are assigned the routine household duties on which student nurses sometimes waste time which ought to be put to more profitable use.

A graduate service such as this has yet another value: it tests out aptitudes and ability for administrative work and thus permits the selection of a permanent staff from among young nurses who have proven their capacity in actual practice. The potentialities for staff education are, as yet, relatively undeveloped but as time goes on much may be confidently expected.

It would be absurd to claim that this plan for nursing service would be equally applicable in every hospital situation; some of the factors which have made for its success in this particular instance might be totally lacking elsewhere. One stubborn fact, however, cannot be denied: given able direction, loyal support, and suitable physical environment, a graduate nursing service can be carried on at a cost not greatly exceeding that of student service. Now that it has been shown that there are other and better methods of staffing hospitals than by student nurses, the tide of battle will turn. When it can be proved (and it will be) that student service does not always pay in terms of dollars and cents, the victory will be won. We need a few more large scale experiments such as that which is now being worked out with courage, patience, and skill at the Western Division of The Montreal General Hospital.

Readers' Guide

The terrible toll taken by cancer is a matter for increasing concern. In his excellent article, "The Control of Cancer," Dr. E. E. Shepley, radiotherapist of the

Saskatchewan Cancer Clinic, states the problem and indicates the nurse's share in solving it. Δ Miss Elizabeth Story, in "The Mothercraft Training Society," gives a vivid account of an interesting experience. Some of the work done by the Society, particularly in relation to the re-establishment of lactation, might well be

emulated here. Δ In "How you may best serve today" Dr. John R. Parry, of Hamilton, offers some thoughtful advice to private duty nurses. Incidentally he expresses some extremely sound views on schools of nursing and their educational policies.

Correspondence

From Korea

The five Korean girls who entered our school in the spring were all capped as well as accepted and are doing well in their work and studies. Our hospital work is steadily growing and the building fast becoming inadequate for our needs. We have divided rooms to make two out of one, here and there, all over the hospital but it is impossible to do so any more, and we are badly cramped for space. I wish you could see me trying to demonstrate treatments in a little room about seven feet by four. One of this year's graduates worked with us a few months and then was married, to a man whom she hardly knew, having seen him only a few times when she married him. It was all arranged by his people and hers, with the young folks' consent it is true, but is that not a strange way to choose a partner for life? They are apparently very happy, and have called on me a number of times. I am sure she will make a better wife because of her nurse's training. The best of my student nurses was married the same day. She went home for her holiday and did not return, and the next thing I knew I received an invitation to her wedding. Hitherto I had kept an eye on the young men patients, but I see now I shall have to watch the old ones too. I wish she could have stayed until graduation, as she might as well have done, for the young husband is still away in Seoul pursuing his studies. Obviously it was a case of getting a daughter-in-law rather than a wife.

Just at present the dormitory yard is humming with people for this is pickling time. Korean pickle or "kimchee" is made from cabbage, turnips, small onions, red peppers, salt and a few other things. It must be made

at the proper season of the year or it will not taste good, and the right time seems to be just when it is cold enough to freeze the fingers of the people who are doing the work. The procedure is something like this: The cabbage is cut in quarters, lengthwise, and soaked in brine for forty-eight hours. The turnips are cut in long slices and they and the cabbage are plastered with so much red pepper that it usually brings the tears to my eyes if I go near while it is being done. The other things, such as small fishes, nuts and salt are then added and it is all packed tightly in huge crocks and buried in the earth until it ripens, the longer the better. It then has a very pungent odor which most foreigners dislike, and a characteristic taste, which I for one am very fond of. No Korean meal is complete without kimchee; three hundred and sixty-five days of the year, three times a day this delicacy is served, so you can imagine the enormous quantities that are consumed. Our dormitory matron and her flock of helpers have to prepare enough, not only for the seventeen people in the dormitory but for an average of thirty patients a day. Last year the number of cabbages we used was two thousand, but that proved to be insufficient, so this year we are preparing twice that amount, and about half that number of turnips. Can you imagine that: four thousand cabbages and two thousand turnips?

ADA SANDELL,

Hamheung, Korea.

[Miss Sandell is a graduate of the School of Nursing of the Public Hospital, Lamont, Alta., and is serving her second term at the Canadian Mission. She is now convalescing after an attack of typhus.—Editor.]

Department of Public Health Nursing

THE CONTROL OF CANCER

E. E. SHEPLEY, M.D., F.A.C.R., Radiotherapist for the Saskatchewan Cancer Clinic, Saskatoon.

The twenty-fifth anniversary of King George's accession to the Throne marked an occasion of great national rejoicing. In that His Majesty has ever evidenced the greatest consideration and the most tender solicitude for the welfare of his people, Canadians have thought it appropriate to commemorate this great occasion and all that it symbolizes by the initiation of the King's Silver Jubilee Fund for the control of cancer in Canada. It is to be hoped that a large foundation fund will thus be set up and that a truly great and practical contribution to the control of malignancy will thus have been initiated.

To no other class in the community is a greater opportunity given than to the nursing profession, in lending active assistance in this most pressing necessity. That cancer is yearly exacting an increasing toll of human life throughout the civilized world is well recognized. The actual extent of its ravages is not generally appreciated and one finds, even in the profession, a very nebulous conception of the total picture. Vital statistics bear eloquent testimony as to the extent of this terrible plague and also the disaster that it increasingly brings into the lives and homes of modern civilization.

Relative Mortality

In recent years the death-rate, due to cancer, has constantly continued to rise. In 1921, it was 72.2 per 100,000. In 1932, eleven years later, we find a rate of 95 and this figure represents 10,014 cancer deaths in that year. Inasmuch as the annual cancer incidence is practically always three times that of the total yearly

deaths, most certainly in the present year over 30,000 Canadians will have been afflicted and more than one-third of this number will have died a cancer death. So prevalent is malignancy in Canada at the present time that one of every thirteen born is foredoomed to die a cancer death. At age thirty, one out of every eight is destined to die of malignancy.

In a study of the more common causes of death, it is of practical importance to observe that cancer stands second only to diseases of the heart as the most ruthless destroyer of human life, and also that its ravages exceed that of all infectious diseases, if we except pulmonary tuberculosis. This observation is of interest when we recall the tremendous effort that has so long been expended on an attempt to control those diseases. In marked contrast we find that cancer has received but scant attention. Certainly no thoroughly conceived, adequately organized or effectively executed plan has ever been advanced in an endeavour to strike directly at the fundamentals.

In 1921 the rate for cancer was 39 and that of tuberculosis 43. Eleven years later, in 1932, we find that the cancer rate has arisen to 61 and that of tuberculosis has dropped to 29. This latter figure is a record of genuine accomplishment, and portrays the result of a well conceived and adequately implemented plan of attack. With little or no method in dealing with the cancer problem during a similar period the figures consistently portray the results that are inevitably to be expected. We do well to recall that while the tuberculosis situation has been well fortified because of splendid provision for educational and treatment facilities, in the case of cancer very little has been

(Excerpts from an address delivered at the annual meeting of the Saskatchewan Registered Nurses Association. Publication is made possible by the courtesy of the Saskatoon City Hospital.)

done. We have permitted the development of misconception, pessimistic viewpoints and fatalistic attitudes, a situation which is not only detrimental, but one that will not readily be overcome.

Incidence as to Site

The incidence of cancer as to site in various systems, is seen in the accompanying table quoted from Canadian Vital Statistics for 1932:

<i>System affected</i>	<i>Total deaths</i>
Digestive system	5,438
Female genital organs	1,004
Female breast	962
Male genital organs	683
Buccal cavity	483
Respiratory organs	338
Skin	201
Female urinary organs	152
All other sites	783
	<hr/>
	10,014

The Time Factor

Innumerable theories have been advanced to explain the origin of cancer, but so far we have no explanation that reveals the whole truth. We find focused on the subject from countless angles the strong searchlight of scientific research and we are learning more and more about how best to deal with it. In abnormal anxiety in relation to specific causation and specific treatment, an undesirable element of misdirection is to be found, inasmuch as this lessens our interest in present therapeutic procedures, and the distinct advantages they afford. In tuberculosis, while we have long known the specific cause, this fact has not materially assisted our therapeutic endeavours, and still we successfully treat the patient. In all probability the same situation will long continue to characterize the field of cancer therapy and we must learn to focus our attention upon what can be done, and how increasingly favorable results are to be secured by practising the basic principles which should be obvious to all.

Cancer, at its inception, is always a local disease and not infrequently lends

itself to complete removal or destruction. It is in the recognition of this principle that we derive direction for our present methods of therapeutic attack. In many cancer sites, potential accomplishment, in the presence of efficient therapeutic procedures, is high. It is now well established that in early cancer of the breast, efficiently treated, that at least a 70 per cent curability should obtain. This represents *potential accomplishment*. On the other hand, under our present promiscuous system of diagnosis and treatment, less than 20 per cent of breast cancers are cured; this represents *average accomplishment*. For practical purposes, it may be stated that the same discrepancy, that which has been seen to obtain between actual and potential accomplishment in the case of breast cancer, also characterizes the whole field.

One of the most distressing features is the regular advent of cases with a late diagnosis. It seems to be a universal experience that of all cases presenting for treatment, quite seventy-five per cent come too late and hope of cure is minimal. A review of the reasons that patients give when they come in with a late diagnosis is instructive. Recently, two hundred late cases of cancer were closely questioned by us and four hundred and thirteen explanations were given. The explanations are usually multiple and are as follows:

"It has never given me any pain" ...	7.70%
"I didn't think it was serious"	15.50%
"I have long intended having the condition examined, but have just kept putting it off"	6.05%
"I felt I couldn't afford to have it attended to"	9.44%
"I didn't know anything was wrong"	6.30%
"I thought the condition was just natural"	10.50%
"I was afraid of an operation"	5.80%
"I was afraid it might be cancer" ..	6.50%
"I never thought of cancer"	5.30%
"I have been previously advised that nothing was wrong"	6.50%
"I have been trying various treatments, thinking it would get better"	4.80%

"I though it was just (indigestion, piles, constipation or some such commonplace diagnosis)" 16.90%

In analysing these answers, it is apparent that ignorance is the patient's greatest enemy. Fear, procrastination and misdirection similarly make a contribution to the unfortunate terminal picture which is so frequently seen. That this catastrophic situation could readily be improved upon is obvious.

Not infrequently the cancer site is such that the patient has no reason to suspect that he has cancer. Approximately fifty per cent of the total cancer incidence is within the abdominal cavity and there is absolutely no clinical history or findings that point definitely to malignancy in these situations in the early local states; a few ordinary symptoms are all that are likely to be noted. At or past mid-life, a story of indigestion, constipation, flatulence, diarrhoea, hæmorrhoids, blood or mucus in the stools is quite commonly the only evidence that points to abnormality. It is perfectly true, as a later development, that pain, loss of weight and strength, the development of anemia and cachexia, or the appearance of a palpable tumour may become manifest, but by this time the diagnosis is late, and the outlook has become distinctly bad. None of these symptoms are to be found in early malignancy.

Danger Signals

How, then, are we to secure early diagnosis? There is but one answer. At or after mid-life, the cancer age, the presence or the persistence of any unnatural abdominal symptom demands adequate examination and full explanation. McCarthy, of the Mayo Clinic, has recently stated that "our sole hope entirely depends upon timely and expert X-ray examinations. We need to constantly recall that a 'picture of the abdomen' does not constitute an expert examination and may lead to grave error and misdirection."

Failing to recognize the potential seriousness that so frequently characterizes

commonplace symptoms is one of the greatest impediments to progress. A lump in the breast, however small, after age thirty, always justifies expert examination. Any departure from normal menstruation or the recurrence of menstruation after cessation, is a danger sign and a definite warning that cancer may be a factor. A showing of blood in the urine or even frequent urination, may be the one and only early symptom of cancer in the urinary tract. If there is pain in association with this finding, the suspicion becomes intensified. Unexplained or persistent pain in any part of the body is always suspicious. Any abnormal gland or swelling, wherever found, is always worthy of study. Similarly, any sore on the skin, the lip, in the mouth or throat, or anywhere else in the body, that does not promptly disappear under simple care should always be viewed as a potential cancer and carefully investigated. In many cases a microscopical study will be required and here a note of warning seems essential. The promiscuous removal of tissue for study is a dangerous measure and should never become a routine procedure.

In the public mind we must definitely implant the conception that only in early and efficient treatment is there hope. In secret or advertised "remedies" there is nothing but quackery and deception and they have long led to misdirection by falsely stimulating hope. In that the primary attack is likely to decide the issue, the importance that attaches to it becomes manifest. It follows that the initiation of ideal treatment, and nothing less, can legitimately be considered and that only intensively experienced men can be considered competent to make these life and death decisions. In that the vast majority of medical men see only the occasional cancer case, they are the first to acknowledge that these decisions are beyond their sphere of legitimate activity.

It is important that the graduate nurse

should be familiar with all these considerations. In the course of her professional career, or perhaps later in the retirement of private life, she will be asked for information, and in her reply there should be no hesitancy, doubt or uncertainty. Because of her training, her intimate contact with the medical profession and the peculiar opportunity of contact with disease that has been afforded her, it is expected that she should know the answers. Because of the high regard in which the nursing profession is held; because of the confidential nature of her work; because of her sympathy, understanding and tact, the timid patient, filled with fear and foreboding, may be expected to turn to her for preliminary information and advice. That a nurse should be guilty of giving misdirection is little less than catastrophic and in this there is a definite suggestion that our nursing schools might, to decided advantage, adjust their curricula accordingly.

Gradually accumulating evidence would appear to suggest that the outlook in relation to cancer is brightening. Obviously, an intensive educational campaign must be carried on. Basic facts must become common knowledge; suspicious signs and symptoms must become definite danger signals which call for immediate action. This is work in which the nursing profession could play a tremendous part. In an efficient organization, could not nurses be trained effectively to teach the physiology of the female breast and the uterine functions? Similarly, in the whole field of cancer, there is much vital information that the nurse could assist in disseminating. In the rural districts, the nurse and the general practitioner mutually share a responsibility in this important undertaking, that of stimulating organization and disseminating practical knowledge. Time-tattered conceptions, relating to so-called ethical standards, have too long imposed upon the nursing profession certain ridi-

culous limitations which have unfairly circumscribed their legitimate sphere of activity. These might well be jettisoned along with other traditional impediments which retard progress.

The statistical fact that over 30,000 Canadians will have been afflicted with cancer during the present year, and that of this number well over 10,000 will die a cancer death, is, in itself, of such serious magnitude that one wonders why there should be any necessity for having to constantly stress the urgent need for efficient organization and well considered action in relation to public education. In an enlightened age, such necessity appears as little less than ironical.

The fact that every cancer victim faces certain death, unless adequate provision is made for early, accurate diagnosis and the very best therapeutic procedures that science, skill and experience can provide, proves the necessity for centralized cancer clinics. Surely this should occasion no surprise! Yet we find that these conceptions have not won universal acceptance. Active opposition to this, the only plan that can possibly provide a more favourable outlook for the victim of cancer, is still in evidence. Such reactionary views, however, cannot but increasingly attract merited condemnation.

Early diagnosis is a dependable sheet anchor in successful treatment; this, of necessity, includes the recognition and adequate treatment of all pre-malignant states. Can this be accomplished by other means than instituting periodic health examinations, and teaching the necessity of immediately seeking a consultation with the family doctor, whenever evidence of a questionable situation arises? Obviously, there is but one answer: until educational endeavour becomes effective in eliminating ignorance, indifference and all the distorted view points which constantly retard progress, cancer will continue to be a menace to the social and economic life of the nation.

Department of Nursing Education

THE MOTHERCRAFT TRAINING SOCIETY

ELIZABETH STORY, Staff Nurse, Victorian Order of Nurses, Montreal Branch,
Montreal, P.Q.

The Mothercraft Training Society is, as its name implies, a teaching centre and has branches in many parts of the world. The first centre was founded in 1907 by Dr. Truby King (now Sir Frederick Truby King) in Dunedin, New Zealand. In London, the principal centre is situated at Cromwell House, in Highgate, a stately residence built at the time of Cromwell. Its beautifully carved staircase and panelled dining-room, constitutes the main building, and Elizabeth House, of more modern design, contains the nurses' home and quarters for resident mothers.

Cromwell House is a "dietetic hospital". admissions being made through the clinic, on a physician's recommendation. The Sisters, who are graduate nurses, hold daily clinics for well babies, brought at regular intervals for general inspection. Dr. R. Jewesbury, the honorary medical director, and two other physicians, conduct three morning clinics a week; they see all new cases showing dietetic or medical disturbance, and any others referred by the Sisters. The Sisters explain to each mother in turn the instructions given by the doctor, and write out all diets on specially printed forms. Children requiring surgical or medical treatment are referred to their family physician or to a hospital clinic. Histories of all new cases are taken, with emphasis on previous feeding, and if the baby has been weaned the reasons are noted. During clinic hours a box is placed on the Sister's desk for donations. This attracts a large number of people with means, who would not attend a child welfare centre, run on a charity basis.

Test Feeding

Test feeding clinics are held three times

a week. Usually five or six mothers attend, who arrive with their babies before the ten o'clock feed, if four-hourly, or the twelve o'clock, if three-hourly, remaining for two feeds. The baby is first test weighed at each and an estimate is made of how much it sucks in twenty-four hours. Advice is given to the mother as regards over-feeding or under-feeding and she is taught the correct way of handling her baby while nursing and the management of her child at home. A demonstration is given in hot and cold sponging and massage of the breasts and manual expression.

Courses of Instruction

There are five different groups under instructions as residents of Cromwell House:

- Graduate nurses,
- Mothercraft nurses,
- Certified midwives,
- Mothers admitted for the purpose of re-establishment or adjustment of breast feeding,
- Foster mothers.

A course of three to four months is offered to graduate nurses, usually six in number, two or three entering at a time. The requirement for admission is registration in the country from which they come. While I was there, England, South Africa, Southern Rhodesia and Canada were represented, and with us were two English nurses doing missionary work in China, and another engaged in district nursing in West Africa. Lecture courses were divided into monthly periods. Practical work is done in the nurseries, the milk kitchen, the department for resident mothers, and the out-patient department. Each nurse spends two weeks on night duty, and a week in the office studying correspondence and office methods. She does not personally conduct clinics, but

takes histories, fills in information slips for the doctors and Sisters and generally "listens in." On test feeding days, the student assists the Sister, helps the mother, takes charge of the baby, and teaches as much as possible.

The case history study method enables the nurse to correlate the theoretical with the practical side of her work in the nurseries. A "diet class" is held every morning attended by Matron, the nursing staff, and all nurses who have prepared case histories. All abnormal stools are examined, and suggestions for changes in diet or nursing care are made by the students and commented on by Matron, alterations being subject to her approval, as she has a free hand in the direction of these matters. The physician makes rounds three times weekly in the nurseries.

Two or three midwives, who are not nurses, receive a training which lasts for six months. Their responsibilities are less than those of graduate nurses but they attend the same lectures. During my course, one of these was a native African trained in England, and the other a Hindu with experience in her own country.

The main student body consists of the mothercraft nurses. These are educated girls, who, after a course of one year, receive a certificate as children's nurses. They have lectures in the rudiments of anatomy and physiology, personal hygiene, the care and feeding of the normal baby, and sewing. In the nurseries, they learn the practical work and are charged with keeping the wards tidy and the bathrooms clean; they also launder the babies' clothes. Each mothercraft nurse spends two weeks in charge of a convalescent baby from the nurseries, in a department set aside for this purpose. She sleeps in the same room with the baby, and her duties are those expected of her in the average home.

Six mothers are admitted at a time, as inmates and the length of their stay

averages from two weeks to two months. It is a period of education for the mother, who follows a special daily routine. Unless the baby is very delicate or ill, she bathes it, changes it before and after feeds, and nurses it in her own room. The mothers have their meals in the same dining-room as the nurses and students, and everything is done to make them feel at home. There is a striking spirit of friendliness among these women.

As an integral part of the student body are five foster mothers who are unmarried mothers with normal breast-fed babies. They constitute part of the domestic staff and remain until their own babies have been weaned, or even longer. After nursing their own children they express the breast milk, for which they are paid, and which is used in the feeding of other infants. When off-duty they bathe their own babies.

Re-establishing Lactation

Breast feeding is encouraged, even though it be only partial. Dr. Jewesbury, in his book on mothercraft, lays considerable stress on its importance and notes only a few exceptions such as the following: when the mother suffers from active pulmonary tuberculosis, or other severe disease causing progressive loss of weight; when heart disease or a mental condition is present; in case of a second pregnancy. Breast feeding is impossible with babies who have hare-lip, cleft palate or facial paralysis. The psychological aspect of breast feeding is held to be of primary importance, and the encouragement of those who are in contact with the mother is required. She, on her part, must strictly adhere to routine and when breast feeding is established at birth and carried on under supervision, little trouble arises.

Re-establishment of lactation, as carried out at the Cromwell House, is an extremely interesting study and charts show that this has been accomplished even when the baby has been bottle fed

from birth to eight or ten weeks of age. It is a long process, requiring a strong impetus on the part of the mother, but she can usually be persuaded of its importance and becomes most co-operative when she sees her little one wasting away from malnutrition or maramus. Once the baby shows signs of progress and the weight curve rises, she is satisfied. Re-establishment may be carried out at home, but the more urgent cases are, if possible, admitted to Cromwell House. Here the mothers are given a plain nourishing diet and take plenty of outdoor exercise. Twice a day they have breast-massage, preceded by hot and cold sponging of the breasts, and followed by breathing-exercises. At first, only a few drops are drawn from the breasts, but every minim is measured and given to the baby. As the milk comes in, the complementary food is proportionally decreased. Charts are kept, showing the amount sucked and expressed each day, and the complementary food given; this record is combined with the weight chart. Re-establishment may take from ten days to about five weeks, and even then may only be partial, but the mother is satisfied. Women having insufficient breast milk, with babies suffering as a result, follow a similar régime.

Disorders of Lactation

Over-feeding, with symptoms of vomiting, colic and restlessness, is a common occurrence. The correct length of time for each nursing can usually be determined at the test feeding clinic but cases showing severe symptoms are admitted for a short period. Admissions are also made when there are indications of excessive fat in the breast milk, and a twenty-four hour specimen is taken. This condition is not a reason for weaning, and is usually only temporary. The protein may be raised by giving casein to the infant, who ordinarily adapts itself gradually to the high fat.

Affections of the breast are often met with, such as engorged breasts, breast ab-

cesses, and sore or cracked nipples. These painful conditions often cause difficulty in nursing, but under treatment can be corrected or improved. In cases of flat or retracted nipples, the use of a rubber natural nursing nipple shield has been proved of great value. Delicate babies, who have not been nursed for some time, often have difficulty in sucking. They are put to the breast once a day, the time being gradually lengthened until the goal is reached: ten minutes on each side every four hours, with no night feed. Refusal to suck is met with among normal babies, previously bottle fed, as well as among the more delicate. Much patience is required, and often a struggle takes place. When laziness is at the root of the trouble, a mild form of starvation soon teaches the infant how to satisfy the instinct of hunger.

The rearing of premature infants is a study of its own, for they require careful supervision. Premature triplets, admitted with their mother, were discharged fully breast-fed. The mother expressed after each feed and nursed two babies together, every four hours, the third being given the expressed milk in a bottle. Rotation allowed each babe to be nursed in turn. Test weighing is an ordinary procedure for breast-fed infants at Cromwell House, but too much emphasis must not be placed on it, especially when the increase in the secretion of milk is slow, because the mother is liable to become over-anxious and discouraged. It is entirely omitted a few days before discharge. For partially breast-fed infants a complementary basis is worked out for use at home. The necessity of follow-up education at the clinic is impressed upon the mother.

Artificial Feeding

When artificial feeding has to be resorted to, the Society advocates a modified cow's milk mixture, as nearly as possible approximating human milk, with its percentage composition of sugar 7.0, fat 3.5 and protein 1.3. No hard and fast

rule can be applied, but a proper balance between sugar, fat and protein must be maintained. The protein ratio, that is the proportion which the calories of the protein bear to the calories of the fats and carbohydrates, is especially stressed. The theoretical caloric requirement of each child is calculated, and alters with age and weight. However, this requirement cannot always be fulfilled, because of digestive upset, or when the baby has been previously underfed, or for some other specific reason; the actual caloric value of the food may not be the same as that which is considered the normal requirement for a given baby. A caloric estimation of fuel value of each recipe is made, and its percentage composition is determined.

Orange juice is given to all artificially fed babies. Under six months, prune and spinach juices are used for medication. Solids are added slowly. At six months raisin pulp, spinach and lettuce pulp begin mixed feeding. At eight months the baby is given a crust ten minutes before three feeds. At nine months, soups, gravy, eggs and purées are added, and at eleven months, milk puddings and sieved baked apples.

Artificially fed babies are not admitted to Cromwell House after they are eight months old except under special circumstances. It is wonderful to watch the development of these puny and often rachitic infants into strong and healthy

children, under proper dietary treatment. The parents are allowed to visit the babies, on Sunday afternoons, and, when they are convalescent, to handle them. The Sister explains the cause of their child's ill-health, and reasons for the treatment given. Mismanagement at home, despite a well-balanced diet, has often been at the root of the trouble.

Much to Learn

The three months spent at Cromwell House were a new experience, full and interesting. Study, working out of calories and keeping charts occupied the day, even when off duty. Classes were made most interesting by comparison of what is being done elsewhere for child welfare. The effort spent in encouraging breast-feeding and the re-establishment of lactation impressed me tremendously. Letters keep pouring in to Matron's office, acknowledging a debt of gratitude, with snapshots enclosed showing how sturdy the children have become. Mention is made of the fact that those born after the mother's contact with the M.T.S. are all breast-fed and thriving. In the nurseries I found a type of mal-nourished child, not seen in the hospital wards, whose ill-health could have been avoided by proper management at home. In the Clinics, where sound public health methods are applied, I realized the vital significance of the motto of the Mothercraft Training Society: "Babies of the Empire."



Department of Private Duty Nursing

HOW YOU MAY BEST SERVE TODAY

JOHN R. PARRY, B.A., M.B., F.R.C.S.C., Hamilton, Ont.

I speak of nursing as being a profession because, in my opinion, it is, in the highest sense of the word. A profession has been defined as "an occupation which has a long-continued and rather definite preparation, represented usually by college and technical education, and which has developed a standard of good conduct, basing its work on the idea of service rather than on money." What other calling more completely fulfils the terms of this definition? If one adds to it the requirement that those entering this vocation have, in addition, suitable qualifications of personality and temperament, one has the ideal profession.

It is a notable fact that professions in general do not stand in the same relation to the public as they did, even twenty years ago. The one outstanding requirement of a profession, if it is to gain and hold the respect of the public, is that it be a learned calling. A generation ago, the gap between the general level of public education and that of the learned professions was considerable, and, as a rule, the members of the professions were learned in other lines than those which applied only to the particular professions. This gap has narrowed down considerably during recent years and this is mainly due to two factors. There has been a tremendous advance in the general level of public education, so much so, that public authorities are beginning to protest a little at the cost of it. There has also been an equally marked increase in the amount of technical education necessary for proficiency in any given profession which, at this stage of our development, militates against the acquisition of a sufficiently broad general education. The ex-

pert nurse, or physician or engineer, fails to impress herself or himself properly on the public, if his erudition on subjects other than those embraced in his technical education is not superior to that of the public. The psychological relationship between the profession and its public can be satisfactory only if there is a certain amount of so-called "hero-worship," and this is absent if, to mix metaphors, the clay feet of the idol are too apparent. In other words, the public expects of its professional citizens real and broad educational and cultural characteristics and not purely technical skill, such as a tradesman may easily develop. A profession, therefore, to hold the position to which it is entitled, must develop among its members a great deal more than mere technical skill.

Theory and Practice

In the application of this principle to the nursing profession, consideration must be given to certain aspects of the period of training. As in all other callings, the temperamental suitability of the novice is a highly important factor. She should be possessed of the ability to adapt herself to all types of personality and she should, above all, have a sympathetic and understanding attitude toward human nature as such. This, of course, is developed by experience; but the course of development is ever so much easier if the right attitude is adopted in the beginning.

The better the preliminary education, the better will be the relationship between nurse and patient, and there is every justification for making entrance standards to training schools as high as those of other professions. The increasing amount of scientific training incorporated in the curricula of the better schools makes this necessary, and highly desirable. As to the

(An address given at an open meeting of the private duty section of the Registered Nurses Association of Ontario.)

professional training itself, one hears the criticism that more time should be spent in the practice of nursing and less on lectures and scientific training. I can not agree with this opinion. It is true that the practical part of the training is highly important, but practice based on rule of thumb is a poor principle in any profession or even in a skilled trade. A working knowledge of the sciences underlying medicine and nursing makes a better educated and more intelligent nurse, and both physician and patient expect and demand intelligence of one who has spent three years in preparing to give a service which should be a great deal more than the so-called "practical nurse" can give.

Adjustment

Most of us will agree that, for the present at least, there is an over-supply of nurses. This condition is not peculiar to the nursing profession. All professions are apparently overcrowded, and yet it is probably true that there is always room for the well qualified graduate, assuming, of course, that entry into the profession is dictated by considerations of "basing one's work on the service idea rather than money." You will say, of course, that ideals may be all right for the future, but they do not relieve the immediate needs. This brings us to a consideration of the present difficult situation. The present depression is largely the result of lack of rapid adjustment. Business and prosperity depend on one thing: the maximum exchange of goods and services. Prices, which are nothing more than labels, would under ideal conditions fluctuate with the times. The physical needs and wants of a community are much the same in good times as in bad, and the capacity for rendering service varies but little. Yet in times like these, this exchange is halted, and so those with services to render in exchange for other services or goods find no customers, either because the one will not render his service at a price which the other will pay,

or because the other will not part with his goods for the amount of service which the other is willing to render.

The lesson in this for all professions, and for the nursing profession as well, is that as far as possible the scale of remuneration must be kept in balance with the ability of the public to pay for it. Just as much nursing service is needed in depression times as in good times, but it has, like many other things, to be relinquished by the one who can not pay the price. Complete adjustment is, of course, impossible, because many of the factors which enter into the cost of living can not, or more probably will not, adjust themselves. In times like these, however, there must be a willingness on the part of nurses to accept all types of nursing employment, whether it be in the home of the well-to-do patient, the private ward of the hospital, the country village, or even on the farm. I have no doubt that such a willingness exists, and that the selectivity and specializing tendency, which was a feature of the late, lamented period of prosperity has already largely disappeared.

In my opinion, certain changes in our present system would exert a beneficial effect. As I said before, there is an over-supply of nurses, or an under-supply of employment. The maintenance of professional standards calls for standardization of the course of training, and some stiffening of the system of examinations at graduation. Numbers of small hospitals are operating training schools, with but limited facilities for the provision of a well-balanced course of training. The operation of a training school is not inexpensive, and it might well be that such institutions might find it economical to dispense with their schools and to employ graduate nurses. If the schools could be confined to those hospitals capable of giving a fully-rounded course in the science and art of nursing; if the remaining hospitals would employ graduate

nurses instead of using undergraduates; if the graduation standards were uniform, with examinations set by a central Board of Examiners, there would result a lowering of the number of graduates, more institutional employment, and a profession well prepared to give the service which the public and the physician have a right to expect. The problem of adjustment to changing economic conditions would then not be so likely to assume so formidable an aspect.

In conclusion, may I suggest that you, as a profession, face the future with equanimity and that you realize that the

present difficult situation calls for adjustment in every possible way. As to the future, your aim must be to continually raise the standards of the profession so as to be always in advance of a constantly rising level of general education. If the output of graduates is reduced by the means suggested, and more institutional employment provided, there will undoubtedly result much improvement. It must never be forgotten, however, that yours is a humanitarian public service, which in the words of our definition must be "based on the service idea rather than on money".



THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

With the coming of the New Year and the annual meetings of the various Associations, it is hoped that all nursing groups will keep in mind the national obligation for 1936, when preparing their budgets. If each will contribute a like sum to that given in 1935, we shall be able to send forward \$1,250.00 for the Endowment Fund as well as awarding the scholarship for 1936-37. It has been gratifying to note the interest in, and enthusiasm for, the Memorial and the real personal pleasure that has been taken by graduate and undergraduate nurses in working for it. When one dips into history and realizes to what extent our great soldiers and sailors have been memorialized, is it any wonder that we, as nurses, should be eager to perpetuate the memory of a woman, who as a nurse, an educator, and a humanitarian, made such a contribution to our profession—a contribution of which each one of us is conscious and for which all are alike indebted?

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

Staff, Crippled Children's Hospital,

Vancouver	\$ 2.00
Staff, General Hospital, Fernie	1.50
Staff, Memorial Hospital, Mission ...	1.00
Staff, Royal Inland Hospital, Kamloops	10.00
Miss Rutherford, Salmon Arm	1.00
Staff, Matsqui-Sumas Hospital, Abbotsford	4.00
Staff, R. W. Large Memorial Hospital, Bella Bella	6.00
Sisters of St. Ann, Lourdes Hospital, Campbell River	5.00

Nova Scotia

A.A. Victoria General Hospital, Halifax	5.00
Cape Breton and Victoria Counties Branch, R.N.A.N.S.	10.00

Ontario

Graduate Nurses Association, St. Catharines	5.00
A.A. Mack Training School, St. Catharines	10.00

Quebec

Overseas Nursing Sisters Association, Montreal Unit	10.00
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Saskatchewan

Graduate Nurses Association, Prince Albert	10.00
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A FINE RECORD

After an unbroken and honorable professional career extending over thirty-five years, Mary Lydia Jacobs has retired from the position of superintendent of nurses at the Ontario Hospital, London. Miss Jacobs was born and



MARY LYDIA JACOBS

educated in England and is a graduate of the School of Nursing of the Victoria Hospital. In June, 1935, she took an active part in the ceremonies which marked the thirty-fifth anniversary of her School. She was the valedic-

torian of the first class to be graduated at the public ceremony and gives an amusing glimpse of the excitement which prevailed on this occasion: "The exercises were held in the evening, the graduates driving from the Hospital in one of Hueston's buses drawn by gray horses, with two spotted coach dogs running behind. The rain came down in torrents and leaked through the roof, making us apprehensive about the appearance of our stiffly starched aprons which we carefully folded across our laps so that they would not be creased."

Subsequently Miss Jacobs took a postgraduate course at the General Memorial Hospital in New York after which she was in charge of the gynecological department in the Philadelphia University Hospital. Later she was appointed superintendent of the Cobble Hill Hospital, Philadelphia, and after some special experience in tuberculosis work, became matron of the Queen Alexandra Sanatorium in London, Ont. In 1923, she assumed her duties as superintendent of nurses in the Ontario Hospital, London, and continued to act in this capacity until her retirement.

Miss Jacobs is a Member of the British College of Nurses and is keenly interested in the work of nursing organizations and was convener of the nursing education section of District 1, R.N.A.O. for four years. She also gave valuable service to the I.O.D.E. as Regent of the Isabel Hampton Chapter. In 1935 she was awarded the King's Jubilee Medal. The affection and respect in which she is held by her former staff and students was evidenced by the presentation made by them of a Westminster chime clock and a silver dish, upon the occasion of her retirement.

COMING EVENTS

Regina

At the request of the private duty section of the Regina branch of the Registered Nurses Association of Saskatchewan, a refresher course will be held on January 22, 23 and 24, in the class rooms of the Regina General Hospital and of the Regina Grey Nuns Hospital. This course is being planned by the nursing education section, assisted by representatives from all three sections. Further particulars

may be obtained from the convener, Miss Kathleen Clearihue, Regina General Hospital.

Montreal

The annual meeting of the Association of Registered Nurses of the Province of Quebec will take place in the Ritz Carlton Hotel, Montreal, on January 28 and 29, 1936. Further details regarding the programme will be found under the caption of "Notes from the National Office."

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International

In acknowledgment of the contribution for 1935, from the Canadian Nurses Association to the Endowment Fund of The Florence Nightingale International Foundation, the President, Miss Ruby M. Simpson, received the following letter of thanks on behalf of the Committee of Management of The Foundation from Dame Alicia Lloyd Still, President of the Foundation, and President of the International Council of Nurses:

At the meeting of the Committee of Management of The Florence Nightingale International Foundation, which was held in London on October 11, we were informed of the recent generous gift of £250 from the Canadian Nurses Association to the Endowment Fund of The Foundation. The Committee has asked me to convey to you the grateful thanks of The Foundation for this further contribution. The fund now stands at approximately £2,500 and we very much hope that by July, 1936, we shall be able to report a very considerable increase.

The future educational policy of The Foundation is so intimately bound up with this question of finance that our Education Committee finds it difficult to formulate definite plans until they have some assurance that the means will be forthcoming to carry them out. It is only by the active support of such national groups as your own that we can hope to achieve our ultimate aim of a £200,000 endowment. We are therefore particularly glad to have the evidence of the continued support of the Canadian Nurses Association.

Dominion Registration

A resolution adopted at the last General Meeting of the C.N.A. stated: "that Dominion Registration controlled by the C.N.A. is desirable." Further, it was recommended that the C.N.A. appoint the nucleus of a committee on Dominion Registration in one locality, and that each Provincial Association of Registered Nurses be asked to appoint a representative to the Committee. In September, 1934, the Committee was appointed and recently submitted the results of its study

to the Executive Committee. Included in the report are the preliminary education, age, and professional requirements of candidates for Dominion Registration. Also, there is given in detail the results of the study on set-up, incorporation and financing of a Canadian Nurses Association Dominion Council. The report will be presented at the forthcoming General Meeting. In order that the Provincial Associations of Registered Nurses may have an opportunity to acquaint themselves with the content of the report they have been supplied with copies of the proposed plan as outlined by the Committee on Dominion Registration.

Quebec Association

The sixteenth annual meeting of the Association of Registered Nurses of the Province of Quebec is to be held in the Ritz Carlton Hotel, Montreal, on January 28 and 29, 1936. Special features of the programme include several interesting topics: Miss E. MacPherson Dickson, convener of the committee on Dominion Registration of the Canadian Nurses Association, with the approval of the Canadian Nurses Association President, will speak on Dominion Registration at a luncheon meeting on January 29. At the close of Miss Dickson's address, her paper will be delivered in French by a member of the Board of Managers of the A.R.N.P.Q. The function of a community nursing service bureau will be discussed and it is anticipated that discussion will be led by one who has had experience in this field. The medical social service department of a city hospital and its relationship to the community is to be demonstrated by the Social Service Group at a general session on January 28; this also will be bilingual and will include tours to the social service departments of several local hospitals.

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BLOODLESS PHLEBOTOMIST

An advance copy has been received of "The Bloodless Phlebotomist," Vol. VIII, No. 3, which is being mailed to every member of the medical and allied professions in Canada. This little journal, published by the Denver Chemical Manufacturing Company of New York, is replete with interesting articles and, while the purpose of the publication is to acquaint its medical readers with Antiphlogistine, nurses will find a number of items and illustrations which will excite their curiosity and interest. The little journal is well worth reading and 1,450,500 copies have been printed in ten languages and distributed to every nurse in the world with a known address, excepting in the countries of Russia, Latvia and Bulgaria. If you do not receive a copy write to the Denver Chemical Manufacturing Company, New

York, who will place your name on their list. The journal will be supplied free of all charge.

"OVALTINE" COWS

At the recent Dairy Show at the Agricultural Hall, London, the "Ovaltine" Jersey Herd swept the board by winning first prize in all three classes. In addition the herd secured the much sought-after inspection prize for the animal giving the greatest quantity of milk, and also the reserve award—the only two awards given in this class. Every animal entered by the "Ovaltine" Dairy Farm secured a prize—a 100% success and a remarkable achievement which sets the seal on the record season which this famous herd has enjoyed. The total number of awards in 1935 at the principal agricultural shows is no less than 115.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

LETHBRIDGE: MARRIED: On September 28, 1935, Miss Marjorie Kennedy (W.G.H., 1933) to Mr. Ralph Erdman.

BRITISH COLUMBIA

VICTORIA: As decided at the annual meeting of the Registered Nurses Association of British Columbia, the usual autumn general meeting was not held, but the experiment of asking the Victoria Graduate Nurses Association to have an open meeting, when as many of the Council as possible would attend, was carried out. Miss H. Adams and Miss H. Smith, of the Harbour View Hospital, Seattle, had been invited to give papers but, owing to illness, Miss Adams was unable to be present and Miss Smith presented the foreword of the committee on standardization of schools of nursing in the United States, and spoke on some points of special interest. This was followed by informal addresses by Miss Fairley, president of the Registered Nurses Association of British Columbia, and Miss Randal. A large group of nurses attended, including senior students from the Provincial Royal Jubilee Hospital, in whose spacious reception room, in the Nurses Residence, the meeting was held. Affiliation and postgraduate courses were discussed with much interest and, following the meeting, refreshments were served. A Council meeting was held in the Residence the following morning.

VICTORIA: The meetings of the British Columbia Hospital Association, held during November, were well attended by nurses who found the programme most interesting. Dr. Malcolm T. McEachern, of the American College of Surgeons, and Dr. Harvey Agnew, secretary-treasurer of the Canadian Hospital Association, were luncheon speakers as well as entering into discussions. An address entitled "A review of progress in meeting problems of tuberculosis" was given by Dr. W. H. Hatfield. Dr. Arthur L. Crease of the Provincial Mental Hospital, Essondale, spoke on "Progress in the treatment of mental diseases." Provincial health insurance and round-table questions were considered at another session. In the nursing section, a paper on "Responsibility for providing nursing service to the public," prepared by Miss H. Adams, R.N., educational director, Harbor View Division, University of Washington School of Nursing, was, in her absence, read by Miss H. Smith, R.N., superintendent of nurses of the Harbor

View Hospital, Seattle. Dr. Harvey Agnew and many of the nurses present followed up the various points in a very full discussion.

VICTORIA: ST. JOSEPH'S HOSPITAL: The following list includes the names of the officers of the Alumnae Association of the School of Nursing of St. Joseph's Hospital: Honorary president, Sister Mary Alfreda; honorary vice-president, Sister Mary Crepany; president, Mrs. J. H. Moore; first vice-president, Miss K. Gann; second vice-president, Miss H. Andrews; secretary, Miss E. Collins; corresponding secretary, Miss T. Locke; treasurer, Miss D. Nixon; councillors, Mrs. A. C. Sinclair, Mrs. F. M. Bryant, Mrs. W. H. Moore, Miss E. Devereaux.

VANCOUVER: The officers for 1935-1936 of the University of British Columbia Nurses Club, which is composed of graduates in nursing of the University of British Columbia and of nurses who have completed the postgraduate courses in the Department of Nursing of the University of British Columbia, are as follows: President, Miss Jane Johnstone; vice-president, Mrs. K. Robinson; secretary-treasurer, Mrs. J. Moscovich; corresponding secretary, Mrs. G. Moody; social convener, Mrs. E. Eades.

VANCOUVER: Owing to ill-health following an automobile accident when on a holiday in California, Miss K. Ethel Gray, has resigned the superintendency of the Kootenay Lake General Hospital, Nelson, B.C., and is at present in Victoria. Miss Vera Eidt, who has been acting superintendent for some time, has now been appointed superintendent in her place.

Miss G. Evans, provincial welfare worker, has been appointed to the Kamloops District. Miss E. Paulson, provincial welfare worker, has Cranbrook District for her territory.

Miss Jean MacKay has been appointed superintendent of nurses at Queen Victoria Hospital, Revelstoke, in place of Miss A. F. Mitchell, who has resigned.

Miss Mary Shand, resigned her position as superintendent of nurses of the King's Daughters Hospital, Duncan, and is now in charge of the Victorian Order of Nurses, Burnaby District. Miss Shand was in charge of a Victorian Order of Nurses District in Ontario for a number of years and recently returned to British Columbia.

Miss G. Kerr, until recently superintendent of Prince George General Hospital, Prince George, B.C., has resigned and accepted a

similar position at the Ladysmith General Hospital, Ladysmith, B.C.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held a meeting recently at which Miss Elsie McPhail read a paper on health insurance which had been prepared by Miss Ruby Evans. The guest speaker was Miss Dolly Hicks, who gave an interesting account of her work in China.

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held on Nov. 29 in Winnipeg. A discussion took place regarding the place of the Manitoba Nurses Central Directory in the community and was led by Miss E. Carruthers. At the recent annual tea of the Manitoba Institute for the Blind, the Manitoba Association of Registered Nurses convened a table under the supervision of Miss J. Roberts, social convener of the Association.

WINNIPEG: The Welfare Division of the Metropolitan Life Insurance Company held a two-day institute recently at St. Boniface Hospital, under the direction of Miss Alice Ahern. The Metropolitan nurses from different provinces met and lectures were given by Dr. W. F. Jackson, Deputy Minister of Health for Manitoba, Dr. W. M. Musgrove, assistant psychiatrist for Manitoba, Miss E. Russell, Miss A. E. Wells and Miss Mary Hiltz. The Metropolitan nurses gave demonstrations and papers and a demonstration of gastric suction was given by the staff nurses of St. Boniface Hospital. At the close of the Institute, Rev. Sister Superior of St. Boniface Hospital entertained those attending the meetings at high tea.

WINNIPEG GENERAL HOSPITAL: Mrs. H. G. Fraser (W.G.H.) was recently appointed superintendent at the Children's Home, succeeding Miss P. Ramsay, who had been superintendent for fifteen years and who has returned to Scotland. Miss Anna F. de C. O'Grady (W.G.H., 1925) was recently appointed superintendent of the Queen Alexandra Solarium for crippled children, in Victoria, B.C.

MARRIED: On October 12, 1935, Miss Mildred Brownell (W.G.H., 1929) to Dr. F. H. Peterson.

MARRIED: On November 9, 1935, Miss Kathleen Chestnut (W.G.H.) to Mr. Raymond S. Wilson.

MARRIED: In September, 1935, Miss M. Kennedy (W.G.H., 1933) to Mr. Ralph Erdmann.

MARRIED: On October 24, 1935, Miss

Maisie Yelland (W.G.H., 1929) to Mr. Horace Greenfield.

MISERCORDIA HOSPITAL, WINNIPEG: The Alumnae Association recently entertained at a successful chrysanthemum tea in aid of the Community Chest Fund.

ST. BONIFACE: The annual dance of St. Boniface Nurses Alumnae Association was held recently when the many guests were received by the president, Miss M. Meehan, and Miss M. Wilson, who convened the event.

NEW BRUNSWICK

SAINT JOHN: The private duty section of the N.B.A.R.N. recently held a meeting to discuss matters relating to the employment of nurses for general duty in institutions. At a recent meeting of the Saint John Chapter of the N.B.A.R.N. Dr. George Skinner gave an interesting lecture on "Glands."

SAINT JOHN GENERAL HOSPITAL: The Alumnae Association held a theatre night, the proceeds to be used to give employment for nurses and to provide nursing care for public patients who otherwise would be unable to have special care. Miss O. Brundage and Miss H. Stephenson were joint hostesses at a shower given in honour of Miss Ruth Manning.

MARRIED: On November 26, 1935, Miss Ruth M. Manning (St.J.G.H., 1931) to the Rev. Victor M. Regan.

MARRIED: On November 26, 1935, Miss Clara Sabeau (St.J.G.H., 1929) to Dr. Peter J. Dowd.

ST. STEPHEN: The ball sponsored by the Local Chapter N.B.A.R.N. was a social and financial success. Miss Grace Moffat, superintendent of the Chipman Memorial Hospital, is spending her vacation in Montreal. Miss Hazel Darker has accepted the position of superintendent of the Maria F. Ganong Memorial Old Folks' Home. At a recent meeting of the Alumnae Association, the interesting article on "Lobectomy," which recently appeared in *The Canadian Nurse*, was read by Miss M. J. Dunbar, and discussion followed.

WOODSTOCK: The graduation exercises of the School of Nursing of the L. P. Fisher Memorial Hospital were held recently when Dr. N. P. Grant and the Rev. S. Grey delivered interesting addresses to the five graduates, after which the diplomas and pins were presented by the superintendent, Miss Tulloch, and Mayor Jones. The proficiency prize, presented by Mrs. Fields, president of the Ladies Hospital Aid, was won by Miss Fern Dashwood. A delightful dinner was tendered by the Alumnae Association to the class at which Mrs. F. Hanson presided. An address was given by Miss N. Sullivan.



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NOVA SCOTIA

AMHERST: Dr. F. R. Davis, Minister of Health for Nova Scotia, was guest speaker at the graduation exercises of Highland View Hospital, on November 14, when six nurses received diplomas.

ANTIGONISH: A meeting of the provincial executive committee of the R.N.A.N.S. was held at St. Martha's Hospital, on Nov. 29, with Mrs. C. Gillis presiding in the absence of the president, Miss Lenta Hall. Refreshments were served by the Sisters of St. Martha at the close of the business session.

HALIFAX: The graduation exercises of the Victoria General Hospital, Halifax, were held on Nov. 20 when twenty-two graduates and their friends were addressed by the Premier of Nova Scotia, the Hon. Angus L. Macdonald. The diplomas were presented by the Hon. F. R. Davis, M.D., Provincial Minister of Health. The St. Mary's gold medal, for highest aggregate in examinations was awarded to Miss Dorothy Gill, and the Alumnae Association prize for efficiency was won by Mrs. Myrtle MacPherson. A delightful dance was held at the conclusion of the exercises.

HALIFAX: Upon the occasion of her recent retirement Miss Gertrude MacKenzie, school nurse in the city of Halifax, was presented with a beautiful leather handbag by her associates of the school nursing staff and by members of the Board. She has had a career of singular interest and usefulness and came to her work exceptionally well-qualified: a graduate of the Royal Victoria Hospital, Montreal, with postgraduate courses in school nursing, taken in Cleveland, O.; and in public health at Dalhousie University. Shortly after graduation, she went to England with a patient who was a niece of Sir Frederick Treves, physician to King Edward VII. Later she was twice sent abroad by Dr. Edward Cushing of Cleveland, to accompany patients seeking further treatment in European hospitals and at famous spas. Miss MacKenzie opened the Military Hospital at Rockhead in 1916 and, following the Halifax explosion, was in charge of the emergency hospital in Pine Hill College. She was the first public health nurse to be appointed to Pictou County, where she carried on four years of pioneer work. Returning to Halifax, she was appointed to the school nursing staff, filling this position with conspicuous success.

HALIFAX: Miss Katherine Grant has been appointed superintendent of nurses at the Nova Scotia Hospital, Dartmouth. Her assistant will be Miss Mae Boutilier. Miss Amy Holden, of Shelbourne, has been appointed to

the staff of the Halifax Branch, V.O.N. Miss Hazel Harrison (V.G.H., 1931) has been appointed a supervisor at the Eastern King's Memorial Hospital, Wolfville. Miss Helen Harrison (V.G.H., 1931) is spending several months abroad visiting with friends in England and France.

WESTVILLE: A recent meeting of the Pictou County Branch, R.N.A.N.S., presided over by the president, Mrs. R. Enman, was addressed by Dr. H. Mackay, who gave the first of a series of lectures by the medical staff.

MARRIED: On Nov. 7, 1935, Miss Marion Benjamin (V.G.H., 1929) to Mr. Ernest F. Boudreau.

MARRIED: On Nov. 30, 1935, Miss Florence Cliff, to Mr. Charles Bennett.

MARRIED: Recently, Miss Katheryn Messenger (Montreal General Hospital, 1930) to Dr. Clarence Miller.

ONTARIO

DEPARTMENT OF HEALTH: Miss Ruby Cronk, a graduate of Course 2, in the School of Nursing of the University of Toronto, has been appointed public health nurse in Stratford to succeed Miss Loney.

DISTRICT 1

CHATHAM: The annual banquet of the Alumnae Association of the General Public Hospital took place recently and proved a delightful occasion, made happier by the presence of Mrs. Henry Conn, a member of the first graduating class, in 1895. Others seated at the head table with the president, Miss Annie Head, were Miss P. Campbell, Mrs. P. D. McGeachy, Miss J. Tinney, Miss A. Ross, Mrs. F. Stewart and Mrs. T. Smith. Greetings were conveyed by Miss Priscilla Campbell, superintendent of the hospital, who paid a glowing tribute to the splendid leadership of the Alumnae president. A summary of the activities of the Alumnae since its organization in 1921 was given by Miss Viola Dyer.

LONDON: The nursing staff of the Ontario Hospital, London, presented Miss Lois Kelly with an Italian lace tablecloth upon her resigning to be married.

MARRIED: Recently, Miss Lois Kelly (O.H. L., 1930) to Mr. Thomas Scott.

DISTRICT 1

LONDON: The following members of the nursing staff of the Westminster Hospital have been awarded the King's Jubilee Medal: Miss Charlotte Ross, matron of the Hospital; Miss E. Bagshaw, Miss E. J. Deyman, Miss S. S. Livingston, Miss B. Popham, Miss F. Chandler, Miss O. Clarke, Miss A. Rattray, Miss E. Lane.

SARNIA: The following marriages have taken place recently: Miss Ella Dickie, to Mr.

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MONTREAL

CANADA

Albert Rumble; Miss Jennie Pinkerton to Mr. Donald McLellan; Miss Lillian Poulton to Mr. Francis Scott.

MARRIED: On September 18, 1935, Miss Elda Mae Shaw to Mr. James Edward Harrington.

DISTRICTS 2 AND 3

BRANTFORD: Miss Edna Squires, supervisor of public health nursing for this district, has been visiting the various departments in the city and county during the past few weeks. Rev. Mr. M. Johnson was the guest speaker at a recent meeting of the graduate staff nurses of the Brantford General Hospital; his topic was "Calm Competency." Miss Isobel McIntosh, who has been home on furlough, sailed recently for China.

MARRIED: On Nov. 30, 1935, Miss Florence E. Berry (B.G.H., 1929) to Mr. W. Howarth.

KITCHENER-WATERLOO HOSPITAL: The Alumnae Association of our School of Nursing has held regular meetings throughout the year and we have been fortunate in having some interesting addresses from our guest speakers. Miss Hewitt described her work at a Red Cross Nursing Outpost; Dr. D. W. Whaley, of Kitchener, spoke on "Specific therapy for certain infectious diseases"; Dr. R. G. Ratz, of Kitchener, spoke on "Normal delivery"; Miss Jean Whiteford, supervisor of the Victorian Order of Nurses in Kitchener, gave an extremely interesting history of the work of the Victorian Order of Nurses for Canada.

Miss Kuegler (K.W.H., 1918) recently joined the supervising staff of the Kitchener-Waterloo Hospital.

MARRIED: On June 25, 1935, Miss Eleanor Hudgins to Mr. Adaskin.

MARRIED: On September 28, 1935, Miss Grace Randall to Mr. N. Hachborn.

MARRIED: On June 1, 1935, Miss Mildred Shroeder to Mr. C. Goodman.

MARRIED: On June 8, 1935, Miss Elsie Trowse to Dr. J. O'Brien.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: The annual bazaar, sponsored by the Alumnae Association was held recently; three hundred dollars was realized for the Mutual Benefit Fund.

MARRIED: On November 7, 1935, Miss

Gertrude Horshmant (H.G.H., 1935), to Dr. J. K. McGregor.

MARRIED: In November, 1935, Miss Marian Gemmell (H.G.H., 1928), to Mr. Mosher.

MARRIED: On November 7, 1935, Miss Josephine Strachan (H.G.H., 1929), to Mr. Frank Smith.

DISTRICT 5

TORONTO: The regular fall meeting of District 5, R.N.A.O., took the form of a dinner held on Dec. 5, when one hundred and ten members sat at small tables and forty or fifty more joined the group for the after-dinner speeches. Miss P. B. Austin, chairman of the district, presided, and at the head table were Miss Marjorie Buck, president of the R.N.A.O., Miss Jean Gunn, O.B.E.; Miss E. McP. Dickson, who were the three speakers. Others at the head table were Miss Florence Emory and Miss Mary Millman, past presidents of the association; Miss Jean Church of Ottawa, chairman of the national and provincial private duty sections; Miss Ella Jamieson, and three original members of the Graduate Nurses Association of Ontario which was organized in 1904; these were Mrs. Godson, formerly Miss Louise Brent; Miss Kate Mathieson and Miss Josephine Hamilton, its first secretary-treasurer.

In speaking on "The History of the Registered Nurses Association of Ontario," Miss Dickson paid tribute to the contribution these pioneers had made to the Provincial Association and spoke feelingly of Miss Jamieson's tactful assistance in the struggle for nurse registration. Miss Dickson thought it a happy coincidence that the members should hear of past accomplishments and future plans just one day after the tenth anniversary of the enactment of registration for nurses. Miss Gunn gave an interesting account of the International Council of Nurses explaining the functions of some of the twelve standing committees, and some of the difficulties arising out of differences in language, currency and control of the professional organizations of the fifty-six affiliated countries. Miss Gunn attended a meeting of the I.C.N. Executive held at headquarters at Geneva last summer and her address was both vivid and interesting. Miss Marjorie Buck, speaking on the "Aims



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and Objectives of the Association," outlined the work of some of the committees which are conveying the nursing needs of the province and attempting to interpret to the public the interest of the nursing group in making nursing care possible for all classes.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Jean Masten (H.S.C., 1930) has resumed her duties as supervisor of the out-patient department after successfully completing her course at Bedford College, London, England. Miss Shuttleworth (H.S.C., 1930) has resigned her position in the out-patient department, and Miss Isobel Chester (H.S.C., 1931) has been appointed assistant supervisor in the out-patient department. Miss Marjorie Russell (H.S.C., 1923) is in charge of the private patients floor, and her assistants are: Miss Clayton (H.S.C., 1934), Miss Pickard (H.S.C., 1934), Miss Norah Crozier (H.S.C., 1934). Miss Ann Ingham (H.S.C., 1921) is assistant supervisor, and Miss Hazel Ovens (H.S.C., 1932) is night supervisor at Thistle-town. Miss Hazel Hughes (H.S.C., 1922) is in charge of the surgical ward for babies. Miss Doris Atherton (H.S.C., 1935) is operating room night supervisor, and Miss Goldrign (Scott Memorial Hospital, Seaforth) has joined the day staff of the same department as second assistant. Miss Marjorie Jenkins (H.S.C., 1924) has been appointed superintendent of nurses in the Children's Memorial Hospital, Montreal. Miss Louise Belmare (H.S.C., 1918) is in charge of the children's department in the Ottawa Civic Hospital. Miss Eleanor Atkins (H.S.C., 1933) is nurse in charge of the children's department in the Kingston General Hospital. Miss Ann Akey (H.S.C., 1933) has been appointed night supervisor in the Children's Hospital, Detroit, Mich. Miss Frances Setchell (H.S.C., 1934) has been appointed to the operating room staff of the Montreal General Hospital.

MARRIED: On Oct. 5, 1935, Miss Edith Wilson (H.S.C., 1927) to Mr. J. C. Perkin.

MARRIED: In October, 1935, Miss Ruth Lewis (H.S.C., 1934) to Dr. O. L. Stanton.

MARRIED: Recently, Miss Kathleen McComb (H.S.C., 1934) to Mr. Ralph Standish.

MARRIED: Recently, Miss Frances Heywood (H.S.C., 1934) to Mr. Robert Cummins.

MARRIED: Recently, Miss Margaret J. Johnston (H.S.C., 1933) to Mr. J. T. Parks.

MARRIED: Recently, Miss Katharine Stone (H.S.C., 1932) to Dr. Gordon A. Sinclair.

MARRIED: Recently, Miss Margaret Ryan (H.S.C., 1933) to Mr. Donald M. Cameron.

MARRIED: Recently, Miss Audrey Walker (H.S.C., 1930) to Mr. Leslie Juanbury.



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MARRIED: Recently, Miss Helen Fisher (H.S.C., 1930) to Mr. Donald F. Bray.

MARRIED: Recently, Miss Grace Richardson (H.S.C., 1929) to Mr. Herbert Leek.

MARRIED: Recently, Miss Ida Dike (H.S.C., 1929) to Mr. Alan Hopkins.

MARRIED: Recently, Miss Edith MacDonald (H.S.C., 1928) to Mr. F. Benjamin.

MARRIED: Recently, Miss Helen Darnley (H.S.C., 1923) to Mr. R. W. Margee.

MARRIED: Recently, Miss Sue Smythe (H.S.C., 1916) to Dr. Charles C. Brown.

TORONTO: St. John's Hospital. Miss Hilda MacIlroy (St.J.H.) left recently for North China under the auspices of the Anglican Church Mission Board; after spending some time at the College of Study she will resume her duties as a nurse in one of the hospitals.

MARRIED: In June, 1935, Miss May Vickers (St.J.H.) to the Rev. Alfred E. Owen.

DISTRICT 8

OTTAWA: A meeting of District 8, R.N.A.O. was held at the Ottawa Civic Hospital on Nov. 7, with Miss Blanche Anderson presiding. One hundred and seven members were present. A demonstration of nursing technique of some of the newer treatments was given by Miss Gertrude Ferguson. An instructive address on "The newer aspects of X-Ray examinations as they relate to nursing" was given by Dr. R. K. Paterson, radiologist of the Ottawa Civic Hospital. Major D. L. McKeand addressed the evening meeting and gave an interesting talk on "Canada North of the Provinces."

OTTAWA: Lady Stanley Alumnae Association. Mrs. G. C. Bennett and Mrs. W. E. Elmitt were joint hostesses recently to the Alumnae Association upon the occasion of the annual meeting. Satisfactory reports were received from all branches. The election of officers resulted as follows: Honorary president,

Miss M. A. Catton; honorary vice-president, Miss Florence Potts; president, Miss M. C. Slinn; vice-president, Miss M. McNeice; secretary, Mrs. A. E. Mahood; treasurer, Mrs. N. M. Halkett; flower convener, Miss C. Stewart; press convener, Mrs. W. E. Elmitt; representative to *The Canadian Nurse*, Miss A. Ebbs; directors, Misses E. McColl, S. McQuade, L. Belford and M. M. Stewart.

DISTRICT 9

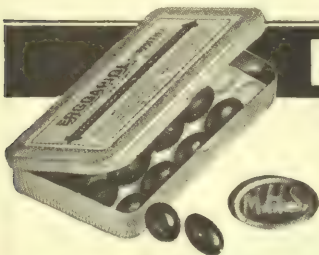
GRAVENHURST: At a recent meeting of the Gravenhurst Chapter, Miss Dorothy Coad presented the report of the district annual meeting, and Miss Adelaide McKnight presented an interesting paper on "Medicine in Russia." A social hour followed.

HAILEYBURY: At a recent meeting, the chairman, Miss H. E. Smith, presented the report of the district annual meeting, including a paper given by Dr. Faustine K. Cooke, and a résumé of Miss MacIntosh's address. Plans for raising the Chapter's quota for the permanent education fund were discussed.

HAILEYBURY: The Haileybury Branch of District 9, R.N.A.O., held their monthly meeting on Nov. 16, at Cobalt. Following the meeting, our social convener, Mrs. S. Shepherd, arranged a dinner preceding a theatre party. A pleasant evening was spent by us all.

MARRIED: On September 18, 1935, Miss Irene Mabel Plaunt (O.C.H., 1931) to Mr. John Lowrey Taylor.

SAULT STE. MARIE: At a recent meeting of the Soo Chapter held in the General Hospital with twenty-six in attendance, the secretary, Miss Rossie Densmore, presented a report of the district annual meeting. A reading, "Why They Stay Away" from the October issue of *The Canadian Nurse*, was given by Miss Carter. The chairman, Miss E. Gordon, asked the membership committee to make a special plea to the hospital superintendent to insure that



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each nurse graduating would become a member of the R.N.A.O. Following the meeting a social hour was spent when Mrs. Arthur Pinky, formerly Miss Helen VanKoughnet, was presented with a gate-leg table, and Mrs. Baltimore, formerly Miss Beatrice Hitchcock, a cream and sugar service in Spode.

TIMMINS: At a well attended meeting of the local Chapter, a committee was appointed to conduct a campaign for subscriptions to *The Canadian Nurse*, Miss Burke being appointed convener. Miss Cunningham, a member of the Collegiate teaching staff, gave a most interesting talk on her Mediterranean cruise.

DISTRICT 10

PORT ARTHUR: The regular meeting of District 10, R.N.A.O., was held on Nov. 8 in the Port Arthur General Hospital, with a large attendance. The meeting was devoted to public health and one of the high lights was a clever skit entitled "A visiting nurse interviews a T.B. case", put on under the direction of Miss Edna Howey, supervisor of the provincial Department of Health, assisted by two public health nurses. Papers were given by Miss Dorothy Adams on Red Cross nursing; Miss Chivers-Wilson on Metropolitan nursing and Miss Buss on tuberculosis nursing. Refreshments were served by the graduate staff of the Hospital.

PORT ARTHUR: Under the capable leadership of Miss Edna Howey, supervisor from the provincial department of health, Toronto, a pleasant and educational regional luncheon and conference of public health nurses, was held on Nov. 16. A round-table conference was held under the supervision of Miss Howey, who outlined the objects of the gathering. Dr. J. A. Crozier, acting medical officer of health, gave a talk on preventable diseases, after which papers were given by the following nurses: Miss Theresa Gerry, Fort William, on "Public health nursing and infant welfare"; Miss Margaret Nealon, Fort William, on "Organization of the nursing service in a new area"; Miss Isabel Corrigan, Dryden, on "Red Cross nursing in rural districts." Miss Chivers-Wilson, Metropolitan nurse, gave a demonstration of bag and thermometer technique; Miss Gertrude Sinnemore, Atikokan, gave a talk on the international conference of nurses; Miss Sanderson, of Jellicoe, gave a brief outline of the work in the Red Cross car now located there.

PORT ARTHUR: A delightful ball was given recently under the auspices of District 10, R.N.A.O. The committee in charge were: Miss Gladys Young and Miss May Hamilton, general conveners; Miss Ruth Garland and

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QUEBEC

JEFFERY HALE'S HOSPITAL: The graduation exercises of the School of Nursing were held recently when an interesting address was given by Dr. Parmlee. Mrs. C. Thompson pinned the emblem on each member and Mr. Whitehead presented the diplomas. The new graduates are Miss J. Colton, Miss V. Wrye, Miss Cochrane, Miss M. Green, Miss F. Smith, Miss H. Woolley, Miss Rawland, Miss E. Smith, Miss E. Cruickshank and Miss G. Lusby. Following the exercises, a reception was held when Miss E. Jack and Miss D. Ross presided at the tea table.

On Remembrance Day Mrs. C. Young (N/S C.A.M.C.) paid tribute to the memory of comrades by placing a wreath on the Cenotaph.

Miss R. Read (1934) and Miss M. Allison (1934) have accepted positions on the staff of Joyce Memorial Hospital, Shawinigan Falls, P.Q. Miss M. Rawland (1935) has succeeded Miss Doddridge as supervisor of D. & K. Miss H. Woolley (1935) has succeeded Miss Read as supervisor of O.S.P.

MARRIED: On October 5, 1935, Miss B. Mahan (J.H.H., 1929) to Mr. G. Kruse.

MARRIED: On June 3, 1935, Miss G. Martin (J.H.H., 1926) to Dr. W. Pfeiffer.

MARRIED: On June 24, 1935, Miss H. Riglar (J.H.H., 1932) to Mr. K. King.

MARRIED: In July, 1935, Miss O. Smith (J.H.H., 1933) to Mr. J. Frodsham.

MARRIED: On October 5, 1935, Miss D. Wheeler (J.H.H., 1931) to Mr. E. Parrott.

SASKATCHEWAN

REGINA: Miss Nellie G. Fitch (R.G.H.), winner of the 1934 Carss Scholarship, and Myrtle A. Main (R.G.H.), winner of the 1935 Carss Scholarship, have both registered in the 1935-1936 course for instructors at the School for Graduate Nurses, McGill University. The following staff appointments have been made in the Regina General Hospital: Winnifred Wall (Children's Hospital of Winnipeg, 1933), supervisor in pediatric ward; Isabel M. Sivell (R.G.H., 1934), assistant night supervisor; Doris J. Bagg (R.G.H., 1935), night supervisor in obstetrical ward; Marion I. Thompson (R.G.H., 1935), supervisor, cancer ward; Eva L. Stephens (R.G.H., 1935), supervisor, semi-private wards.

REGINA: One hundred and twenty-eight dollars was realized from the recent raffle sponsored by the Regina branch of the Saskatchewan Registered Nurses Association. The circulation campaign for *The Canadian Nurse* has been organized throughout the province.

SASKATOON CITY HOSPITAL: Dr. F. Hoffman addressed the November meeting of the Alumnae Association giving an interesting description of the Hungarian architecture, folklore and dances. He referred to the different language groups (Slavic, Ukrainian, Roumanian, German and Servian) who are Hungarian citizens and described the life of Hungarians resident in rural Saskatchewan.

The annual dance of the Saskatoon City Hospital Alumnae Association was held recently. Lending their patronage were: Mrs. R. O. Hodgson, Miss E. Amas and Miss A. Ferguson. Miss Jean Stevenson (S.C.H., 1935) has accepted a position on the staff of the Anne Turnbull Hospital, Wakaw, Sask. Mrs. Morish (B. Thrasher, S.C.H., 1921) of Arizona, visited friends in Saskatoon recently.

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OVERSEAS NURSING SISTERS ASSOCIATION

CALGARY: On November 11, the anniversary of the Armistice was celebrated in Calgary. In spite of cold weather a number of the members of the Overseas Nursing Sisters, Calgary Unit, attended the service held in the Calgary Armouries. A forceful and appropriate address was delivered by Archdeacon Swanston, of St. Stephen's Church, Calgary. In the afternoon the Unit met for tea, about twenty-seven members attending. Miss A. Froelich, president, and Mrs. Train Grey, poured tea.

HALIFAX: The annual reunion of the Nova Scotia Unit of the Overseas Nursing Sisters Association was held on Nov. 11. The guest speaker was Col. L. H. MacKenzie, of the Canadian Legion, who told of the plans for the 1936 Canadian Legion pilgrimage to Vimy. Other speakers were Miss Margaret MacDonald, Canadian matron-in-chief; Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses, and Miss Winnifred Dawson, eastern supervisor, V.O.N. Miss Marion Haliburton was re-elected president.

REGINA: The Regina Unit of the Nursing Sisters Association held a successful tea recently at the home of Mrs. S. R. Parker.

VANCOUVER: The Vancouver Unit of the Overseas Nursing Sisters Association recently held its annual Armistice dinner with the president, Mrs. John Rose, presiding. Miss Laura Hubley, R.R.C., former matron of No. 7 Stationary Hospital (Dalhousie Unit) overseas, and since her return to Canada a member of the permanent nursing staff of the C.A.M.C., stationed at London, Ont., was guest of honour, and seated with her at the head table were Mrs. John Rose, Miss Jean Matheson, matron of Shaughnessy Military Hospital; Miss Ethel Grey, Miss Laura Holland, O.B.E., past president; Miss Mary McLane and Miss E. V.

Cameron. A telegram conveying the good wishes of the American Legion nurses at Portland was read by Miss Jane Johnstone, who expressed regret at the absence of several members because of illness, particularly the secretary-treasurer, Mrs. J. M. Brough. Out-of-town guests included Mrs. Donald MacKenzie, Mrs. T. G. Norris, Miss Grierson, Miss Goldburn and Miss L. Sanders, and Miss Learned. Mrs. Isabel MacKenzie (N/S I. M. Lord) has arrived from Shanghai, China, and will spend a year's furlough in Canada and the United States. She is at present with her sister in New Westminster, B.C.

WINNIPEG: The Manitoba Unit of the Nursing Sisters Association held their eleventh Armistice Day tea when the guests were received by the president, Miss Emily Parker. The honour guests were: Mrs. R. H. Webb, Mrs. Richards, Colonel Burnside of the Huskars, Colonel Niven of the P.P.C.L.I., Colonel Webb, Chaplain Major Carruthers and Lieutenant White, K.R.R., India. Among the nursing sisters in attendance were: Miss Timlick, Mrs. A. Crealoch, Mrs. C. W. Davidson, Miss A. Andrews, Mrs. C. Morrison, Mrs. Stella Kerr, Miss A. C. Starr, Mrs. W. Thomas, Miss A. Blais, Miss H. Shannon, Mrs. D. Macdougall, Mrs. S. Shearer, Mrs. A. Lee, Miss A. Canning, Mrs. Fletcher Argue, Miss M. Meehan, Miss L. N. Gray, Miss G. Billord, Mrs. W. Mander, Mrs. A. Clissold, Mrs. E. Depencier, Miss E. Gann, Miss Ruth Pollexfen, Miss S. Pollexfen, Mrs. Cowan, Miss N. O'Shaughnessy, Mrs. E. Horton, Miss N. Veal, Mrs. T. H. Cuddy, Miss P. Paul, Miss A. Brockway, Mrs. A. Harris, Mrs. W. Hannah, Miss A. Harris, Miss O. Coad, Miss J. McDonnell, Mrs. R. E. Abbott, Miss Child, Mrs. MacKenzie, Mrs. Cameron, Miss J. Roberts and Mrs. Hamblin.

OBITUARY

MINHINNICK—The death occurred recently of Alice Walker (Mrs. W. H. Minhinnick), a member of the class of 1899 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. Minhinnick, during her active professional career, rendered valuable service as night supervisor in the Hospital for Sick Children.

WILLIAMS—The death occurred recently in Chengtu, China, of Mrs. (Dr.) T. H. Williams, formerly Miss Kate McKellar (Winnipeg General Hospital, 1925). Dr. and Mrs. Williams were serving at a Mission Hospital under the auspices of the United Church of Canada. She is survived by her husband and two small children.

... OFF ... DUTY ...

All living things . . . have a sense of time and season . . . This profound philosophical reflection . . . arises out of the fact . . . that we have just written . . . January, 1936 . . . for the first time . . . a little prematurely, of course . . . but editors must live in the future . . . or else they couldn't stand the life . . . From our earliest youth . . . we have been fascinated . . . by the devices men make . . . to measure time . . . When we were very young . . . we used to play hide and seek . . . amongst a strange group of immemorial stones . . . on a Welsh hillside . . . They stood in a ring . . . half covered by ferns and heather . . . and were called "The Druids' Circle" . . . Three of them were so placed . . . that they measured time . . . and according to the precession of the Equinoxes . . . the rays of the sun . . . fell between them at a certain angle . . . They were a sort of sundial . . . but they measured seasons . . . not days . . . As we have grown older . . . we have never quite lost . . . that childish sense of wonder . . . and even yet, whenever a sundial . . . meets our gaze . . . we hasten to investigate . . . Not so very long ago . . . in a lovely English garden . . . drenched with colour and perfume . . . we came upon this sinister warning . . . "It is later than you think" . . . Those words were carved upon the base . . . and though the sun was warm . . . on the mellow gray stone . . . we shivered a little . . . Then last summer . . . we saw a brand new sundial . . . of Tyndall stone quarried in Manitoba . . . and set at the end of what in Elizabethan days . . . was called a pleached alley . . . One came to it . . . by a pathway of stones . . . sunk in the turf . . . with little plants sprouting up between . . . This dial was placed there . . . by a man in memory of his friend . . . Its base goes far down to bedrock . . . so that through the centuries . . . it will stand foursquare . . . and measure time . . . when the two friends are no more than a handful of dust . . . It was made low on purpose . . . so that little children . . . might look . . . at the brass plate . . . which tells how to translate . . . sun time into ordinary time . . . And this dial had an inscription too . . . "Time conquers all . . . and time we must obey" . . . We never expect to possess . . . a sundial of our very own . . . but we have invented . . . a sort of substitute . . . Our office has a grand view . . . but faces almost directly north . . . so that from one year's end to another . . . we never get more than a single ray . . . of direct sunlight . . . During our first winter in Montreal . . . we began to notice . . . how the slender pencil of light . . . broadened and crept along . . . as the spring came slowly up this way . . . Then we got to the point of making cabalistic signs . . . on the wall . . . so as to measure its progress . . . from week to week . . . So far these have escaped . . . the eagle eye of our efficient janitor . . . but in case he spots them . . . we have taken "sights" . . . as they say in nautical circles . . . so that they may be replaced . . . and we be still reminded . . . "It is later than you think" . . .

SNAKE VENOM

SISTER E. A. WORBY, S.R.N., Presidency General Hospital, Calcutta.

We visited Haffkine Institute. Here we saw how snake venom was extracted. We were first shown into a large hall which contained several glass cases with snakes in them. Also there were several others in small tin boxes, with glass fronts. These boxes were arranged underneath the large glass cases. I was surprised to see so many cobras varying from dark to quite light shades of brown. Some were quite black, and yet another was almost a flesh pink colour. There were 67 cobras and 62 vipers. It was a very black, angry but handsome cobra, with evil little black beady eyes, which was first taken out for demonstration. An Indian boy, who had the reputation of never have been bitten, was deputed to open the box lid of this black cobra and catch him. He was most swift and deft in all his actions. The cobra was caught up by the tail, quickly, with a forward flinging action placed at length on the floor; as quickly, with a small rod in his left hand, he ran this along the snake's back to the neck, where he placed pressure, and quickly released his tail and caught the snake with his right hand, by the back of his neck in such a way as to make him open his jaws wide.

A wineglass with oilskin tied over the top was then placed between the snake's jaws. He immediately gripped the top and bottom of the bowl of the glass—in so doing, the fangs pierced the oilskin and we saw a thick yellow mid-straw coloured fluid, about $\frac{1}{2}$ drachm, drip into the glass. After this ejection of venom, the snake was fed with an egg-flip mixture—he was given about a wineglassful through a funnel, shaped like a wineglass at the top, with an extra long tube instead of stem and stand, this tube end was placed down the snake's throat

and the measureful of egg and milk mixture run down through it into him—no tasting allowed! Then the attendant with encircled left hand fingers around the snake's body, stroked him down to better enable him to keep his feed down. We were informed that whenever venom is extracted from a snake, he is always fed in this way. Ordinarily the snake's just get one rat each, a week. Cobra venom acts principally on the nerve centres, and causes death by paralysis and suffocation, it has little action on the blood which remains liquid after death. Cobra venom destroys cancer in mice, and there are good grounds for believing that before long it will be used for the cure of cancer in man.

After this we were shown the Russell's viper who buzzed and sizzed making a sound as if there were a terrific escape of gas going on. The noise rose and fell for quite a time. At last the boy seized his opportunity and picking this snake out of the box in exactly the same way as the cobra and held him by the back of his neck. The poison extracted, he, too, was fed and placed back in his tin box, the crescendo and diminuendo sounds of "escaping gas" continued for quite a long time.

It is generally believed that the tongue of the snake is poisonous. This is an error. The tongue, in snakes, is harmless and is used as a sort of feeler to receive vibrations like the beetle's antennae or a cat's whiskers. By means of its tongue the snake somehow apprehends danger, investigates, and satisfies itself whether all is well.

Editor's Note. These excerpts are taken from an interesting and informative article by Sister E. A. Worby on the work of the Haffkine Institute, which appeared in the September issue of *The Nursing Journal of India*.

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MANITOBA

Manitoba Association of Registered Nurses

President, Miss Elsie Wilson, 668 Bannatyne Ave. First Vice-President, Miss S. Wright; Second Vice-President, Miss E. Parker; Third Vice-President, Sister Mary Charles; *Members of Board*: Misses C. Macleod, G. Johnson, H. Tregear, J. Houston, E. Fraser, K. W. Ellis, E. Robertson, Sister Krause; Secretary, Mrs. Stella Gordon Kerr, 300 Power Bldg., Winnipeg; *Conveners of Sections: Public Health*, Miss C. Maddin, 753 Wolsley Ave.; *Private Duty*, Miss Pearl Brownell, 215 Chestnut St.; *Nursing Education*, Miss G. Thompson, 753 Wolsley Ave.; *Committee Conveners: Social*, Miss S. J. Roberts, Deer Lodge Hospital; *Visiting*, Miss L. Kelly, 753 Wolsley Ave.; *Membership*, Miss H. Steadman, 510 Medical Arts Bldg.; *Directory*, Miss K. McCallum, 181 Enfield Crescent, Norwood; *Legislative*, Miss K. W. Ellis, Winnipeg General Hospital; *Press and Publications*, Miss E. Banks, 64 St. Cross St.; *Library*, Office Staff, 510 Medical Arts Bldg.; *Representatives to Local Council of Women*, Mrs. A. C. McPetridge, 71 Cambridge St., Miss M. Black; to *Central Council of Social Agencies*, Miss F. Robertson, 753 Wolsley Ave., Miss J. McDonald, Mrs. W. Thomas; to *Victorian Order of Nurses*, Miss E. Russell, Legislative Bldg.; to *Junior Red Cross*, Miss R. Dickie, 103 Chestnut St.; to *Red Cross Enrolment*, Miss N. O'Shaughnessy, Dept. of Health, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorsser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors*: Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convenor of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Mrs. C. F. Gillis, 9 Welsford St., Halifax; Second Vice-President, Mrs. C. M. Ryan, All Saints' Hospital, Springhill; Third Vice-President, Miss A. W. Foster, W.K.M. Hospital, Berwick; Recording Secretary, Miss Ruth Hart, 122 Spring Garden Rd., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss S. Margaret Jamieson, R.R. 1, Brantford; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss D. Mickleborough, 9 Humewood Dr., Toronto; *District 1: Chairman*, Miss Mildred Walker, Institute of Public Health, London; *Secretary-Treasurer*, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss Helen L. Potts, General Hospital, Woodstock; *Secretary-Treasurer*, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, General Hospital, Hamilton; *Secretary-Treasurer*, Mrs. N. Barlow, 211 Stinson St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; *Secretary-Treasurer*, Miss I. Park, 1348 Yonge St., Toronto; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; *Secretary-Treasurer*, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss L. D. Acton, General Hospital, Kingston; *Secretary-Treasurer*, Miss O. Wilson, General Hospital, Kingston; *District 8: Miss M. B. Anderson*, Civic Hospital, Ottawa; *Secretary*, Miss M. Acland, Strathcona Hospital, Ottawa; *Treasurer*, Miss M. Lutton, Civic Hospital, Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; *Secretary-Treasurer*, Miss R. Buchanan, Sanatorium P.O., Gravenhurst; *District 10: Chairman*, Miss V. Lovelace, 3 Wiley Rd., Port Arthur; *Secretary-Treasurer*, Miss T. Graham, 222 Cooke St., Port Arthur.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Walker; *Vice-Chairman*, Miss M. Hoy; *Secretary-Treasurer*, Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses R. Rouatt, H. Hastings, R. Page, J. Lundy, Silverthorne, M. Perrin, Mrs. Malone; *Committee Conveners: Nursing Education*, Miss D. Thomas; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Permanent Education Fund*, Mrs. Hedley Smith; *Membership*, Miss G. Versey; *Publications*, Miss E. Kennedy.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; *Vice-Chairman*, Miss A. Campbell; *Secretary-Treasurer*, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charney, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; *Vice-Chairman*, Miss McCort; *Secretary-Treasurer*, Mrs. N. Barlow, 211 Stinson St., Hamilton; *Councillors*: Misses C. Sheridan, I. Murray, L. McElhone, A. Wright, J. Allen, A. Oram; *Committee Conveners: Nursing Education*, Miss H. Brown; *Public Health*, Miss Edna Bell; *Private Duty*, Miss I. MacIntosh.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; *Vice-Chairman*, Miss I. Weirs; *Sec-Treas.*, Miss I. Parks, Apt. 95, 1348 Yonge St.; *Councillors*: Misses J. Anderson, M. Floyd, O. Waterman, J. Farquharson, E. Moore, A. Scott; *Committee Conveners: Nursing Education*, Miss W. Chute; *Private Duty*, Miss M. St. John; *Public Health*, Miss K. McNamara.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. B. Anderson; *Vice-Chairman*, Miss J. L. Church; *Secretary*, Miss M. E. Acland, Strathcona Hospital, Ottawa; *Treasurer*, Miss M. J.

Luton; *Councillors*: Misses K. Bayley, M. Hall, M. Moorhead, M. MacLaren, M. Slinn, M. B. Thompson; *Committee Conveners*: *Membership*, Miss G. Clarke; *Publications*, Miss E. McIlraith; *Nursing Education*, Miss E. McIlraith; *Private Duty*, Miss M. Hewitt; *Public Health*, Miss H. O'Meara.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hecsey, Jean S. Wilson, Rév. Sœur Marcelin, Rév. Sœur Valerie de la Sagesse, Mademoiselle Charlotte

Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Sœur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members*: Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections*: *Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Sœur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (bi-lingual), Miss M. E. Carey, 4307 Montrose Ave., Westmount. *Board of Examiners*: Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle Edna Lynch, 4642 rue St. Denis, Montreal, Mlle A. Marie Anysie Deland, Institut Bruchési, Montreal; Mlle A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113 25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss M. A. Turner; Second Vice-President, Miss E. Standing; Treasurer, Miss E. Gavin; Recording and Corresponding Secretary, Miss H. S. Peters, University Hospital, Edmonton; Registrar, Miss A. L. Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners*: *Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. C. Pickering; to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. MacLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balsam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council*: Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives to the Press*, Miss G. Archibald; to *Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Lingley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian*

Nurse, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnson; Second Vice-Pres., Mrs. C. McManus; Treas., Miss T. Holm; Rec. Sec., Miss Einarson; Corr. Sec., Mrs. A. E. Jones, 9713 Jasper Ave.; *Members of Executive*: Mrs. Baker, Mrs. Thompson, Miss M. Griffith; *Committee Conveners: Visiting*, Miss H. Dean; *Social*, Miss Mullen; *Programme*, Miss M. Griffith; *News Letter*, Mrs. Elwell.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners: Programme*, Miss M. Tennant; *Membership*, Miss M. Ferris; *Visiting*, Mrs. H. Arnold; *Refreshments*, Miss M. Fooley; *Sewing*, Mrs. L. Gordon; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss Rhodes.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillar Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees: Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Crosby; President, Miss Mehan, 753 Wolsley Ave., Winnipeg; First Vice-President, Miss M. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St., Winnipeg; Treasurer, Miss W. Grice, 97 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss Margason; *Representatives to Local Council of Women*, Mrs. Emmett Dwyer; Mrs. Chas. Sharkey; *Press Representative*, Miss Parkhill.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Honorary President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss Pearl Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss M. Wilkins; Recording Secretary, Miss Anne Effer, Ste. 12, Diana Court; Corresponding Secretary, Miss Helen Ross, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners: Membership*, Miss Mary Shepherd, King George Hospital; *Visiting*, Miss Grace McKeever, Winnipeg General Hospital; *Entertainment*, Mrs. C. B. Stewart, Ste. 38, Ritz Apts.; *Alumnae Club*, Miss S. Trefiak, Winnipeg General Hospital; Editor of Journal, Miss Julia Moody, 76 Walnut St.; Assistant Editor, Miss Annie Taylor, Winnipeg Gen-

eral Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Mrs. F. McKelvey; Second Vice-President, Miss S. Hartley; Secretary, Miss C. Gleason; Treasurer, Miss K. A. Holt; *Executive Committee*: Miss M. Murdoch, Miss Henderson, Mrs. J. H. Vaughan, Mrs. J. E. Beyea.

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rose Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs. Cedric H. Dinsmore; *Board of Directors*: Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committees*: *Programme*, Mrs. R. Mallory, Mrs. E. Gibbon, E. Giles, Mrs. H. Short; *Refreshment*, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; *Nominating*, Misses F. Cunningham, I. Hart.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Honorary President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas., Miss P. Palmer, Woodstock; *Executive Committee*: Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees*: *Visiting*, Mrs. A. Wart; *Programme*, Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative*, Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, Steele's Hill; 1st Vice-Pres., Miss G. Taylor; Treas., Miss A. Cochrane; Rec. Sec., Miss W. J. MacDonald; Corr. Sec., Miss F. K. Anderson, General Hospital; *Committee Conveners*: *Finance*, Miss R. Macdonald; *Visiting*, Mrs. D. MacKernan; *The Canadian Nurse*, Miss N. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Miss Gertrude Crosby, 22 Morray Apts., Morris St.; Vice-President, Miss Iona Marshall; Treasurer, Miss Muriel Graham; Secretary, Miss M. L. Ripley, 303 Morris St., Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterson, General Hospital; *Flower Committee*, Miss B. McEwan; *Representative to The Canadian Nurse*, Miss F. Fitzgerald.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. D. Muir; Vice-President, Miss N. Yardley; Secretary, Miss E. Cunningham, 124 Dundas St.; Assistant Secretary, Miss L. VanEvery; Treasurer, Miss A. Goodwin; *Committees*: *Social Convener*, Mrs. C. Windrim; *Assistant Social Convener*, Miss I. Feely; *Flower*, Miss F. Ritchie, Miss D. Rashleigh, Miss W. Laird; *Gift*, Miss J. Edmondson, Mrs. E. Claridge; *Representatives*: *Private Duty Section*, Miss E. Lewis; *to Local Council of Women*, Mrs. W. D. Wiley; *to The Canadian Nurse*, Miss K. Charnley; *Press*, Miss K. Charnley.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; *Representative to The Canadian Nurse*, Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Marian Kearns;

Vice-Pres., Miss R. Winter; Sec.-Treasurer, Miss M. Nagle; Corr. Secretary, Miss L. Pettypiece, 46 Park St.; *Members of Executive*, Misses F. McCullough, H. Gray, J. Ross, F. Richardson; *Representative District 1*, R.N.A.O., and *The Canadian Nurse*, Miss R. Winter.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; *Representative to The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

Hon. President, Miss A. Cleaver; President, Miss H. Hyslop; Vice-President, Miss J. Belle; Secretary, Miss S. Post, 123 Grand Ave. S.; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener*, Miss M. VanDyke; *Press Representative*, Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss P. Rowland; Secretary, Miss M. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; *Representative to The Canadian Nurse*, Miss Beatrice MacDonald.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Mrs. R. Hess; Vice-President, Miss A. Schiefele; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairhol Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss O. Watson, 145 Emerald St.; *Committee Conveners*: *Executive*, Miss H. Aitken; *Programme*, Miss V. Phillips; *Flower and Visiting*, Miss A. Squires; *Registry*, Miss D. MacRobbie; *Budget*, Miss G. Coulthart; *Representatives*: *to R.N.A.O.*, Miss J. Souter; *to Women's Auxiliary*, Miss J. Stephen; *to The Canadian Nurse*, Misses R. Burnett, E. Bell, A. Schiefele.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; *Representatives*: *to R.N.A.O.*, Miss Jean Morin; *to The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.

A.A., Hotel Dieu, Kingston

Honorary President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. H. Lawlor; Secretary, Miss H. Bajus; Treasurer, Miss T. Pilley, 430½ Alfred St.; *Executive Committee*: Mrs. T. J. Ahearn, Mrs. V. Nicholson, Misses M. McCadden, J. O'Keefe; *Committees*: *Visiting*, Miss M. Bramah; *Social*, Misses A. Hilton, M. Birket.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss M. E. Brien, 204 Alfred Street.

A.A., Kitchener and Waterloo General Hospital, Kitchener

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In Memoriam

A few minutes before midnight on January 20, 1936, our late beloved Sovereign, King George V, laid down his heavy burden and entered into eternal rest. The British Commonwealth of Nations has lost a wise and noble ruler—but this bereavement goes deeper. We who belong to that great family have lost a father—for that is what he was to each and every one of us, old and young alike.

King George and his gracious Consort always showed an active and understanding interest in nurses and nursing and to many Canadian nurses the late King was more than a revered ruler, he was a comrade-in-arms. They received in person, and at his hands, as their Commander-in-Chief, the medals and citations to which their military nursing service had entitled them. He had a personal and kindly greeting for each one and an unfailing courtesy which never grew stale with the repetition of ceremonies which must have been wearisome had he not realized how much the occasion meant to the recipient of the honour conferred by him.

Our hearts go out to the King's nurse, Sister Catherine Black, and to her associates. The humblest among us have shared the high privilege of seeking to shield the wavering flame of human life from the threatening wind of death. We can understand their grief when it became clear to them that their devotion and skill were all in vain.

Those who listened to that last broadcast on Christmas Day must have been touched by King George's tender solicitude for the sick, the unfortunate, the unemployed and for all others in distress. "Even as a Father pitieth his children" . . . the words of Holy Writ came to mind as the deep, kind, tired voice spoke so quietly and simply to his people the world over. Let us take as our watchword in these difficult days the words he spoke with such vibrant feeling: "a friend to all, an enemy to none." That, above all things, is what he would have us do and be,—in memory of him.

May he rest in peace and may Light Eternal shine upon him.

FOOD AND NUTRITION

I. M. RABINOWITCH, M.D., D.Sc., Director of the Department of Metabolism,
The Montreal General Hospital.

I should like to say at the outset that if anyone, listening in to this brief outline of the subject of food and nutrition, is expecting specific advice about the use of diets for any specific condition, either in health or in disease, that person will be disappointed, for it is my purpose this evening to point out the dangers of such practice. The subject of food and nutrition is a wide one; and in selecting that phase with which I propose to deal, I was guided by the view which I have held for some time about the dissemination of medical knowledge amongst those who do not possess the necessary training to fully appreciate that knowledge.

The medical profession does not, and we hope never will, hesitate to spread that knowledge which, by preventing disease, will avoid individual suffering and tend towards the promotion of national well-being. I doubt, however, whether this highly laudable motive may not lead, and has not in the past led, to practices not only of no benefit to the public, but to actual impairment of health. Amongst those who have given such advice, there have undoubtedly been men whose ability to deal with these health problems cannot be questioned. Nor can there be any doubt of their sincerity and I must apologise for having raised that point; but, in my opinion, neither elevated position nor purity of motive can absolve any one from the possible harmful effects of such advice; and of the harm that health talks may at times do, and, from my own experiences I know, have done, perhaps no better examples may be found than in experiences with advice about food.

Food and Nutrition

It is always important, for a clear understanding, in any discourse, to define the terms we use. Let us, therefore,

firstly clearly understand what we mean by the term food and what we mean by the term nutrition.

Living structures: animate objects, vegetable, animal or man, differ from inanimate, lifeless objects, such as rocks, in that they have the capacity not only of adding to the substances of which they are made, but, also, of maintaining their structures by keeping them in constant repair. Our tissues, all of the organs of our bodies, are continuously breaking down, because of the demands which are constantly put upon them. To keep these organs in a state so that they may function properly, these broken-down constituents must be replaced; and, in any given case, the balance struck between the breaking-down and the building-up processes reflects to a large extent the nutritional state of that individual. When the rate of repair is equal to the rate of destruction, the end result is a stationary body weight; when the rate of destruction is greater than the rate of repair, the end result is a loss of weight. In children, to enable them to grow, the rate at which the tissues are built up must be greater than the rate at which they are destroyed. This is one of the quantitative aspects of nutrition.

There is also a qualitative aspect of nutrition and this is particularly noticeable in disease. For example, there is the problem of the relative proportions of the different elements of the body which are broken down; there is the problem of the effects of the broken-down products and their elimination; and the ability of the body to utilize the foods which are necessary to replace the materials which had been broken down. The science which deals with the combined mechanism of the breaking-down and the building-up of the tissues is known as the science of nutrition. A number of conditions influ-

(A radio address given under the auspices of McGill University and the Quebec Women's Institutes, Nov. 22, 1935.)

ence the capacity of the human being to maintain a normal state of nutrition and one of these conditions is food.

Now, the term food is not as simple to define as it might appear. Not very many years ago, we thought of food in terms of available energy only. The processes of nutrition then appeared to be very simple; they were explained entirely by the then known laws of matter and of energy. The laws of energy tell us that no work can be done without expenditure of energy; and that energy does not come from nowhere; wherever it is active, it must have been potential elsewhere. Food derived from plants may be cited as an example. The sun—the source of all of our energy—acts upon the leaf which contains carbon dioxide and water and converts the carbon dioxide and water into a simple sugar, and then into a series of complicated sugars. The amount of energy which the leaf acquires from the sun during the manufacture of these sugars may be determined by measuring the amount of energy which is released when these sugars are destroyed and reconverted into their original constituents, carbon dioxide and water. From actual experiments, we know that in the formation of one gram of sugar by any plant, the sun supplies to that plant about four calories of energy. Therefore, when a person takes, or is given, any food which contains one gram of sugar, the body of that person is supplied with four calories of energy.

Now, since work cannot be done without the expenditure of energy, and since the energy must come from food, we must eat; food is to the human body what gasoline is to the engine; but food is something more and it is important to know something of this something more before we can properly understand what constitutes food and what the problems are in correcting errors of nutrition.

If we measured very accurately the amount of work we wish to do and then,

to counterbalance the expected energy expenditure, we took the proper amount of food from those substances which supply energy (carbohydrates, fats and proteins) we would soon find that, though such a diet may contain an adequate number of calories, it is very unhealthy; we would soon find that a diet containing nothing else but pure carbohydrates, pure fats and pure proteins, though it may have a high fuel value, would sooner or later impair health and eventually lead to death. It is obvious, therefore, that food is not merely a matter of calories.

Vitamines

From experiments in nutrition, we now know that there are other factors to consider; and one of these is a proper supply of vitamins. How important these vitamins are is very strikingly shown in two of their characteristics. The first is the wide distribution of vitamins in nature; and the second is the marked disproportion between their importance in the human economy and the amounts which are actually necessary to maintain health; the amounts required are extremely small. The lesson which this alone teaches us in matters of diet is a very important and practical one. Since the amounts which are required are extremely small, and since these vitamins are widely distributed in food materials, the ordinary person need not be very greatly concerned about them: the daily intake of vitamins will be adequate providing he eats a variety of foods and this, when he is left alone, man has learned to do from habit; differing from animals, man's dietary habits are omnivorous. From what I have just said, I appreciate the fact that I have made myself very unpopular with the manufacturers of the widely advertised vitamin products with which all who read the newspapers must be familiar.

Aside from fuel—materials which supply calories—and aside from vitamins, the body also requires water and a variety of salts. With extremely few exceptions,

all chemical reactions which take place in the body must take place in water and some idea of the importance of water may be gained from the fact that water accounts for approximately three-quarters of the total body weight. The problem of nutrition does not, however, end here. Other factors which we must consider may be seen from the following examples:

Efficiency

It is very uncommon to find two people who, though apparently alike, can do the same amount of work, though they may be given the same amount of food; the same supply of vitamins and the same amounts of salts and water; and one reason for this difference is efficiency. An example of efficiency is found in experiences with engines. The efficiency of an engine is judged by the relationship between the work it can do and the amount of fuel it requires for that work. No engine has yet been found which is one hundred per cent efficient; all machines waste some fuel and, the greater the waste, the less is the efficiency. Man, though not strictly comparable to a heat engine, is no exception to this rule. In the human being, as in the engine, not all of the fuel is available for work; there is a certain amount of energy wasted; and, in the untrained person, this waste may be quite appreciable, because of unnecessary efforts. Therefore, since food is the only source of energy, the untrained person requires a greater amount of food to perform the same act than the athlete; but the story of nutrition does not end here.

Availability

Let us assume that we have two people who are equally efficient; whose diets contain the same number of calories; the same supply of vitamins and the same supply of salts and water, we may still find that the same amount of work cannot be performed with the same amount of food; and one reason for this difference in behaviour may be the availability of that

food. A number of conditions influence availability and two are digestion and absorption of the food. It should here be observed that as long as food is in the stomach and in the intestines, it is of no use as food, for as long as food is in the gastro-intestinal tract, it is, practically speaking, outside of the body. In order that the body may make use of any food, that food must be absorbed into the system and this absorption, with few exceptions, depends upon digestion. There are a few foods which require no digestion; they may be absorbed in the form in which they are taken. Grape sugar (glucose) is an example of such a food; alcohol is another. The majority of foods, however, require digestion; that is, they must be altered chemically or physically or both. One of the functions of digestion is, for example, to put food into solution; insoluble starches are converted into soluble glucose; insoluble proteins are converted into soluble substances known as amino-acids; and insoluble fats are converted into soluble glycerine and into a number of acids all of which are soluble. The problem of nutrition does not, however, end here.

Dynamic Action

Assuming that the two individuals are identical with respect to all of these conditions which I have mentioned, we may still find that they are unable to do the same amount of work with the same amount of food and at the same time keep their bodies in a normal state of nutrition; and one reason is the peculiar stimulating action of food; food not only keeps the body in repair and enables it to do work, but it also has the capacity of increasing the activity of the tissues. This, aside from work, as we ordinarily know it, also, causes the tissues of the body to break down. As these tissues must be kept in repair, this peculiar action results in a loss of some of the food which was meant for work. This phenomenon is known as the dynamic action of food.

The purpose of this dynamic action is not clearly understood.

Ordinarily, the specific dynamic action of protein is greater than that of fat; and the specific dynamic action of fat is greater than that of the sugars. Since each food has its own peculiar capacity to cause this expenditure of energy, we use the term specific dynamic action. As a rule, even in health, very few people have the same specific dynamic action with the same food; and, one of the difficulties, at times, in problems of nutrition is that, in some people, the specific dynamic action of sugars may be greater than that of fats; while in others fats may cause a greater expenditure of energy than proteins. Some idea of the importance of this specific dynamic action may be gained from the fact that protein (the essential constituent of lean meat) may at times account for an expenditure of energy equal to as much as twenty per cent or more of the total energy supplied by the diet. This is the basis of some of the so-called — and not entirely harmless — “eat and grow thin” diets.

Other Factors

Aside from all of the factors I have mentioned, there are a number of others which may influence nutrition; one is the environment of the individual, that is, hygienic conditions in general. Another, and not the least important, is heredity. Some people, for example, are naturally thin, while others are naturally fat. Herein lies one of the greatest dangers in the unintelligent use of diets and the insistence upon reduction or increase of weight to standard levels. It should be observed that our standards of weight are statistical; they are based upon experiences with large groups of people. The fact that they are statistical stan-

dards, clearly indicates that they may, or may not, and need not necessarily, apply to the individual. It is because of failure to recognize this fact that efforts to cause reduction of weight in the obese or to increase weight in those who are apparently underweight have not infrequently led to impairment of health.

A Warning

In the fourteen minutes allotted to me, I have attempted to outline briefly some of the difficulties in the correction of disorders of nutrition by treatment with diet. There are others. It must, therefore, be obvious that the problem of food and nutrition is not simple, and the lessons which the few observations I have made should, and I trust will, teach, is that there is no one diet suitable for all people either in health or disease. Proper advice about diets demands a knowledge of all the conditions I have outlined and this, in turn, demands a knowledge not only of chemistry, physics, biology and of physiology but also of pathology. With this knowledge, universities attempt to equip those whom they graduate as physicians. The physician alone, therefore, is in a position to properly guide the individual in matters of nutrition; and one of the purposes of this brief outline is to warn against the dangers of the increasing popularity of unintelligent dieting. Such practices, if continued, must inevitably lead to serious impairment of health, not only because of misapplication of properly established diets, but of the uses of food materials or combinations of food materials which, notwithstanding the claims made for them by so-called authorities on diet, have no foundation whatsoever either in sound theory or in fact.

For further particulars concerning the Biennial Meeting see "Notes from the National Office", p. 77 in this issue.

ARE YOU COMING TO VANCOUVER?

RUBY M. SIMPSON, O.B.E., President of the Canadian Nurses Association.

In the week of June 29 to July 4 of this year we will convene, in the city of Vancouver, the eighteenth general meeting of the Canadian Nurses Association. Will you be there? Why not plan now to include it in your vacation? Allowing less than one week for the sessions of the meeting, you would still have a good part of your month to spend in that ideal holiday province, British Columbia. Better think it over.

Our general meeting, held only biennially, is of the utmost importance to every provincial, every local and every alumnae association as well as to every individual nurse in Canada. It is a time and a place when nurses from all parts of the Dominion may meet in council together and it is the only such opportunity afforded us. The attendance comprises official delegates, unofficial delegates and members. Official delegates, appointed from each province, are the spokesmen for their respective associations and constitute the voting strength or business force of the meeting, since, on matters affecting policy, they have been empowered to think, act and speak for the organizations they represent. Such delegates must of necessity be carefully chosen. They carry a heavy responsibility.

But the unofficial delegates who come representing the great numbers of local and alumnae groups, and the individual nurses who attend because of keen interest in the affairs of their profession, are quite as important. Without them, since they make up by far the larger group, there could be no National Association and no biennial meeting. This is not always clearly understood, particularly by the younger nurses who sometimes suggest that attendance is worth while only for official delegates, of whom, of course, there can be only a limited number. This is quite an erroneous idea. All nurses attending have a definite function, as well as a direct obligation. They

have votes on many matters — on most matters, in fact, and they not only have the privilege of participating in discussion but they are strongly urged to take advantage of this privilege. It is *their* meeting, the affairs of their National Association are at stake and they have every right to stand squarely to the fore in every session. So, whether you come as an official delegate, an unofficial one or as a mere member, the meeting is open to you and presents an opportunity for you to express your opinions freely and openly. You are equally welcome and equally necessary in whatever capacity you attend. That you be there is the main thing.

If I were asked for a general subject for our deliberations for the whole week, I think I should say, "Towards Action" and we have, in fact, used that as a heading for one particular session. You might, by the way, read the article of that title in the September, 1934, issue of *The Canadian Nurse* as a preparation for the biennial meeting. Why not read it aloud as a part of the programme for the meeting at which you plan to decide on your delegates? You have read it before? You may well read it again. In referring it to you a second time I am convinced that it is worthy of further perusal. Its content must be kept clearly before us until we have accomplished everything set out therein.

The programme will present many timely topics for your consideration, — health insurance, for instance, which is of interest to you now and which will probably be of much greater interest before much more time elapses; the community nursing bureau and its possibilities, a matter left with us for trial from the general meeting of 1934; you will be anxious to hear from each province as to the result of its efforts; Dominion registration for nurses, a question on which we hope to take action this

year: the committee has a suggested plan, very well worked out, and you will want full information on it. These are only a few of the programme items. "Notes from National Office" will give you the details in this and succeeding issues of the *Journal*.

Ample provision is being made for general participation from the floor. An hour and more will be allowed for discussion only, in each of the important questions. In the last analysis, this is the most profitable part of any programme: If the discussion is keen, the meeting is a success. Do come prepared to take part in it. The more help you give, the better the meeting will be, for you and for every one else.

Already we have secured several outstanding speakers: Dr. George M. Weir, Minister of Education and Provincial Secretary for the province of British Columbia, the same Dr. Weir who directed our Survey of Nursing Education in Canada in 1929 to 1931; Miss Mary Beard, a distinguished American nurse, who is an associate director of the International Health Division of the Rockefeller Foundation, and Professor Ira Dilworth of the University of British Columbia. The latter will be the guest speaker at a dinner meeting.

Is a small alumnae group justified in the expense of sending a delegate to a

general meeting? This question has been asked. Groups which have tried it will agree that the answer is "Yes", and most of them will give it enthusiastically. Is renewed ardour necessary in your association? Then send a delegate to Vancouver. Choose a young nurse just beginning to shoulder the load, or, if you prefer, an older one whose judgment has been tempered by experience: either will bring you the desired result.

Unless I am much mistaken they will both catch the inspiration which characterizes a large meeting and they will relay it to you in the form of first-hand, personal impressions of debated questions and participating speakers. They will give you a touch of the excitement attending the announcement of the results of *The Canadian Nurse* circulation campaign. They will make the Florence Nightingale International Foundation real to you. They will make you wish that you, too, might have been present on that memorable occasion, the presentation of the first award of the Mary Agnes Snively medals. They will, in a word, bring the biennial meeting of the Canadian Nurses Association back to you and you will decide that it was good for them to be there and that your group can never again afford to be without representation.

"BUSINESS, SPEECH AND REFRESHMENTS"

FLORENCE GREENAWAY, Reg. N., Toronto Western Hospital, Toronto.

By way of following up a discussion in the October issue of *The Canadian Nurse* under the title of "Why they stay away," I should like to ask a few questions. Let me say that I belong to an alumnae association organized for "the

promotion of unity and good feeling among the members and the advancement of the interests of the profession of nursing." To a considerable degree this function is fulfilled: especially fine educational programmes including lectures

and demonstrations in advanced methods and the treatment of disease are planned, and we have had addresses on current events. I am also glad to say that there is a happy feeling between the older and younger members and responsibilities for executive and social planning are fairly reasonably shared by all.

However, I believe an alumnae association should go further these days in an attempt to solve the problems of its members. Many private duty groups and hospital organizations are facing them and our Canadian Nurses Association is aware of changing conditions for nurses.

But it is difficult for the young graduate, who may have entered training at a comparatively early age, with little experience outside of school life, to even begin to comprehend the vastness and seriousness of the situation. Due to the long hours and the physical strain under which she must train, and even though her supervisors have tried to emphasize the cultural and intangible values of life, it is almost an impossibility for her to graduate as an intelligent citizen. Let us remember, moreover, that she possesses great possibilities, even for world citizenship. Her training, by its very nature, calls for the best in her and she has had an opportunity of seeing life realistically. Meanwhile, however, her friends have moved on into varied spheres of living and it is unlikely that they, too, have been forced to the same extent as she has to neglect a pursuit of wide interests and activities. Is it any wonder then, that she finds it difficult to adjust herself in a world where thinking people are concerned for world peace and international relationships, social and economic conditions, new trends in education, Christianity or Communism? She has not even learned to think in terms of her own profession; nor can she be expected so to think, especially if her first and foremost problem is that of existence.

So many nurses merely drift with the crowd with little interest in life apart from themselves. Has the alumnae association any responsibility to these younger nurses? Do the younger graduates appreciate the experience of the older graduates, especially those who have worked, and are working, to advance the profession? Is it possible that we as a profession, are not keeping faith with Florence Nightingale? No, do not be shocked; I am sure she would be gratified to see the scientific nursing done in modern hospitals and in the public health field, and to watch the high quality of bedside nursing given by nurses everywhere. Yet, I wonder if she would not begin to look for ways and means of leading us through this crisis.

Has the time come to move away from the old traditional type of programme: "business, speech and refreshments"? Nurses should be led to do some active thinking. Why not make an effort to pool that thinking in a concentrated theme? How? Let them form into study groups and do some research work by means of books and the study of community activities. Every alumnae association must decide for itself, but here are some suggestions. Kirby Page, in his book "Living Creatively," entitles his eleven chapters thus:

- Relieve human misery.
- Transform unjust social systems.
- Gain vision and serenity through silence.
- Seek beauty.
- Cultivate friendship and fellowship.
- Recover strength through penitence.
- Explore great biographies.
- Follow the noblest personality.
- Co-operate creatively with God.
- Run risks and accept penalties.
- Make wise use of time.

Are there any suggestions of value to nurses in that list? There are a few nurses in Toronto who would be interested in participating in some discussion along these lines.

A PORTRAIT

It is the privilege of *The Canadian Nurse* to reproduce for the first time this fine portrait of Mabel F. Hersey, superin-

W. McConnell, a member of the Board of Governors of the Hospital, and is hung above the fireplace in the staff nurses' sitting room — an appropriate setting for a vigorous and beautiful painting. The artist is Liliás Torrance Newton, A.R.C.A., who has displayed remarkable in-



MABEL F. HERSEY, O.B.E.

tendent of nurses and principal of the School of Nursing of the Royal Victoria Hospital, Montreal. This picture is a gift to the School of Nursing from Mr. J.

sitting room — an appropriate setting for a vigorous and beautiful painting. The artist is Liliás Torrance Newton, A.R.C.A., who has displayed remarkable in-

sight in interpreting the dignity and charm of the woman who is the subject of her work. The massed white of the uniform has been most skilfully treated, the background is a soft yet rich grayish blue, and the scarlet lining of the blue cape gives a vivid touch of colour. The decoration worn by Miss Hersey is the insignia of an Officer of the civil division of the Order of the British Empire.

It was not easy to persuade Miss Hersey to allow the reproduction of her portrait in the *Journal*: a reluctant consent was granted only when a solemn promise was made that nothing would be said in praise of her. But we should be ungrateful indeed if we did not acknowledge our debt to the artist who has painted for us a vivid likeness of a gentlewoman who is also a great nurse.

GOLDEN JUBILEE

The "golden jubilee" of Miss Georgina Fane Pope, R.R.C., was recently made the occasion



GEORGINA FANE POPE, R.R.C.

of a pleasing ceremony and presentation conducted under the auspices of the Alumnae As-

sociation of the Charlottetown Hospital, Charlottetown, P.E.I. Miss Pope's room was transformed into a bower of beautiful flowers and she was the recipient of many messages and gifts from her many friends and former colleagues. Fifty years ago Miss Pope graduated from the School of Nursing of Bellevue Hospital, New York, and afterwards held various administrative positions in the United States. At the outbreak of the Boer War, Miss Pope immediately volunteered for nursing service with the British forces in South Africa and, after her demobilization in 1902, was attached to the permanent forces and stationed at military headquarters in Halifax. During the Great War she served as Matron at Orpington and Taplow and later in France as Matron of No. 2 Canadian Stationary Hospital. In 1919 she was invalided home and since that time has lived in retirement.

Miss Pope is a daughter of the late Justice W. H. Pope (one of the Fathers of Confederation) and therefore belongs to an old and distinguished Canadian family.

THE EDITOR'S DESK

An Explanation

This issue of the *Journal* was already in the press when the death of our beloved Sovereign took place. Thanks, however, to the courtesy and co-operation of our printers, Messrs. Barwick, and of the typesetters, Typographic Craftsmen Ltd., we were able at the last moment to prepare and to publish the brief and inadequate tribute which appears on the first page. The editor deeply regrets that time and distance did not permit of having this announcement made personally by the President of the Canadian Nurses Association.

The Biennial

The keynote of this issue of the *Journal* is the open letter from Miss Ruby M. Simpson, president of the Canadian Nurses Association, in which she vigorously sets forth the reasons why you are expected to visit Vancouver next summer. In "Notes from the National Office," Miss Jean S. Wilson, executive secretary of the Association, gives an interesting account of the proposed programme and adds some practical details concerning railway fares and hotel rates. Keep this *Journal* for reference.

Readers' Guide

Emphasis this month is upon public health. In "Food and Nutrition," Dr. I. M. Rabinowitch, an international authority on the subject, gives a word of warning concerning some half-baked theories which are being spread abroad in the name of "health teaching." △ The chairman of the public health section of the Canadian Nurses Association, Miss Anna E. Wells, delivered a thoughtful address on health education before the Canadian Public Health Association at its annual meeting and we have the pleasure of publishing it. △ There are still some reverberations of "Why they stay away" and this little piece is still being read aloud at meetings — a response which fills us with sinful pride. Now comes a brief but thoughtful article en-

titled "Business, speech and refreshments" written by Miss Florence Greenaway of the Toronto Western Hospital which seems to us to go straight to the point. It suggests that the reason nurses stay away from meetings is because those meetings are sometimes dull. The business is dull, the speech, though informative, is occasionally dull and the refreshments are frequently the only bright feature of the proceedings. It is then that the members, previously silent and unresponsive to the appeal of the chair, break into animated discussion which should have taken place on the floor of the meeting. What do you think of "Business, speech and refreshments"? We think it makes sense. We do not think that either business or refreshments ought to be neglected, however. It is the "speech" that needs attention. Why not a debate occasionally or an amusing skit? These things are already being done by some associations we are quite sure. Who will be the first to reply to Miss Greenaway's challenge? The pages of the *Journal* are always open to new ideas. △ The mission field never loses its fascination for nurses and Miss Beulah Bourns tells us about better babies in Hoiryung. △ Miss Marion Nash contributes a thoughtful review of an excellent book, "Public health administration in the United States," by Dr. Wilson G. Smilie. △ Under the familiar caption of "What do you think about it?" we have published the most provocative letter we have received for some time and, in "The right to live," will be found the flame of a fire which has been smouldering in more hearts than one. On the same page, Miss Jessie Farquharson raises a question which deserves further analysis. Her impression is that instructors of nurses are not always close enough to nursing. △ There is a good deal of heat about registries these days but not much light so, by way of a measuring stick, we present a brief summary of the standards set by the American Nurses Association.

Correspondence

Travelling Scholars

The travelling scholarships awarded by the Rockefeller Foundation to European students have brought some charming people to Canada in the capacity of students of nursing. Among them are Miss Jarmila Rousarova and Miss Sindlerova of Prague, Czechoslovakia. Their letter shows that they cherish happy memories of their visit.—Editor.

Christmas is nearing and we are remembering all our dear, far-away friends and want to tell you our best wishes for a Happy New Year. We are sorry that we write to you so seldom, but you know how it goes in our work, and therefore we hope you will kindly accept this letter as the only way we can get in contact with 'all of you. The fact that we did not write does not mean that we have forgotten. Very frequently we are remembering you and talking of you with pleasure, gratitude and love for all your kindness, sympathy, help and friendship which you have given to us when we were abroad. You made us feel at home there, and we can never forget it.

Knowing that you are interested in our doings, we should like to tell you a few words about our work. As you know, we both were trained abroad as future instructors in our new school for public health and social nurses. This was presently finished, that is, building and equipment, but the students are not yet in and we do not know when they will be. Due to the changes in our Ministries there are still some debates about the program and status of the school and until these are accepted by all Ministries the school cannot be started. Meanwhile, one of us (Miss Rousarova) has taken a position as a school nurse in the de-

monstration public health district where our future students will be trained. The other (Miss Sindlerova) is already working in the school, helping with the preparation for the school year. As far as our news goes, it will be started in January, 1936, but according to previous experience we do not believe it. But, sometime during the next year it must be, and we are looking forward with great enthusiasm. And so, when remembering us, you can picture both of us in the busy work, with nearly half a hundred young girls, trying to train them to be good public health and social nurses.

But now we should like to know something about you too. When you have a little leisure, do remember us and tell us of yourselves, your work and your plans.

JARMILA ROUSAROVA,
Praha XII, Ruska tr. 2331,
Czechoslovakia.

Live Wires

I am sending a list of thirteen subscriptions to *The Canadian Nurse* and would like to tell how we got them. I was so ashamed at the meeting of the R.N.A.O. in Hamilton to hear that Belleville only had three subscribers and as I am the correspondent to the *Journal* for our Alumnae Association I arranged to have interesting articles from the *Journal* read at our meetings. Then it was suggested that a prize be given for the nurse bringing in the most subscriptions. Three nurses were chosen to act on this campaign, and consequently we now have thirteen instead of three.

FLORENCE FITZGERALD,
Ontario School for the Deaf,
Belleville, Ont.



Department of Nursing Education

WHAT DO YOU THINK ABOUT IT?

We have weighed carefully the advisability of publishing the following letter and have first shown it in confidence to several nurses whose judgment we respect. In every case the advice given to us was: "Yes, publish it." So here it is. Now what do you think about it?

The Right to Live

You will note that I am no longer nursing, but am training as a student in another profession, the practice of which, unlike that of nursing, will I hope permit me that amount of leisure necessary to enjoy a small home and the companionship of friends, away from my work or an institution. After fourteen years of faithful and constant nursing I, along with many other women of equal experience and holding equally responsible positions, found that the nursing day still started at 7 a.m. and still ended at 7.30 p.m. and often later. My off-duty time during this period, unless spent in complete rest, meant that one was unfit to carry on efficiently after returning to duty; so broadly speaking (except for meal-times), one gave that whole eleven hours to duty daily. Such a working situation, carried on day after day and week after week, seems to me and to others whom I know, incompatible with the high standard of service which good nursing requires—and so having been fortunate enough to find a field which appealed to me almost as much, I withdrew.

I could, without the slightest hesitation, name over a hundred nurses of my acquaintance (over thirty years of age) who would most gladly withdraw were they sure of equal economic security. But why should nursing make such situations? Why should it permit worthwhile people to be justified in such an attitude, or perhaps you would say they are not? Personally I feel there is room for honesty in the facing of working situations as they now exist for nurses. We gloss things over—our so-called "loyalty" forbids us to admit that we teach health largely at the expense of our students—and certainly at the expense of our graduate staff by reason of the constant overload. Even machines are not run constantly in high gear, but show me the nurse who is allowed to go into second, let alone low.

Why is it that the only remuneration offered to experienced and proven nurses is that of

increased salary? How long is it to be before we can make hospitals realize that a certain surplus of energy and leisure are everyone's right to use in the enjoyment of life "off-duty"? Why must satisfaction in nursing be bought at the price of our reserve of physical, mental and spiritual health? Why should not the institutional nurse lead a normal off-duty life, similar to that of other teachers or welfare workers? Is not the time at hand for the establishment of a Nurses' Charter (not like that of the English nurses, with their fifty-four-hour week) which would gain for her a reasonable working day and week with opportunities for normal social life? One is told that a woman who craves a home is somewhat abnormal; is not the woman over thirty (she rarely seems to take time to think about it before then because she is too busy establishing herself in her profession or in marriage) who can live happily in an institution under such a situation the unusual person? Nurses are not really made of different clay to other women after all!

It seems to me that provincial and national associations of nurses might well approach the provincial and national hospital associations urging that better working conditions be established. I know there are many other broader and perhaps more urgent problems than this, but as one who is deeply interested in the problems of living a normal, cultural life *while still working in an institution*, I hope that this letter may be the means of arousing some interest. It seems that administrators of nursing services have a feeling of guilt when they admit that they have not enough nurses to do the work. Why should they feel responsible for a situation they have not created and why are so few of them as willing to ask for increased staff as they are for other equipment?

This letter must come to an end, but one last word: *even nurses should not be allowed to break the Fourth Commandment for more than fifty or sixty years!*

Precept and Practice

Before very long the committee on instruction of the nursing education section of the Canadian Nurses Association will have completed its organization and will be ready to tackle problems of special importance to teachers of nursing. In the

following letter Miss Jessie Farquharson raises some questions which are worthy of careful scrutiny and frank discussion in just such a group.

I know some bright women who did not remain instructors because they could not both teach nursing and nurse patients. Having been an instructor myself, I feel that it is a great drawback in teaching nursing if you have no responsibility for patients. If our nursing instructors were chosen in the same way as are the professors in medical schools, we should then have teachers actively engaged in their profession. As things are now, instructors, even those who hold college degrees, may have done no real nursing for years.

In some hospitals the position of supervisor does not seem to be established on any better basis than that of the instructor. Responsible to the training school office, she goes to a ward which is completely in charge of the head nurse and oversees some of the nursing for a short time. Yet she is responsible to no one on the ward, and no one is responsible to her. People outside the nursing profession have criticized this arrangement as unsound. Had she the full responsibility of supervision entrusted to her and deputed by her to an assistant it would seem that excellent teaching should result, particularly if the supervisor conducted the classes in her clinic specialty. She would then hold a similar position in the nursing school to that which the professors of various subjects such as medicine and surgery hold in the medical college. Like them, the supervisor, functioning as an instructor, would be in a position to increase her knowledge and develop her skill continually. Her responsibility for both teaching and supervision would improve her own methods and keep her alert.

Furthermore, nurses would be much more interested in their patients if they had full charge of them and did everything for them. This is opposed to the so-called efficiency method whereby one nurse gives all the medicines for the ward and so on. The point is well brought out in *The Survey*, where Dr. Weir quotes a physician who compares the two systems:

"In one local hospital, there is no bedside practice that I can see. A nurse does the same thing for several patients each day—then she changes and does something else for several patients. She never looks after a whole patient at any time. As senior nurses, they know more perhaps about each patient, but do not nurse him. It seems to me that every patient, public or private, has a right to feel that there is one nurse who is his nurse, even if she is nursing other patients as well. The feeling of having some person, who is interested in him, who knows his troubles, and will hear about them, and who is nursing him, is very important to a sick person. At the other big hospital here, things are much better in this respect, and from a doctor's point of view, it is an immense improvement. One can find out everything about a given patient from a certain nurse, and one sees that the nurse learns to take a keen interest in her cases, which is not so at the other hospital."

Share Your Ideas

To finish a thoroughly provocative page, we ask those readers who have found a way out of the difficulty described by Miss Jamieson to share their bright ideas with her and with the *Journal*.

I find myself hampered in teaching anatomy with respect to laboratory work by my own lack of experience and instruction. So far I have tried only lungs, heart, and eyes. We also have a human brain which is partly dissected and I find that exceedingly useful. I wonder if it would be possible to have an article on the laboratory work in anatomy, or whether you know of some book that would be useful? We do microscopic examinations of blood and of tissue cells which the students seem to find very helpful.

I enjoy *The Canadian Nurse* very much, and was pleased with the index in the December issue. I am looking forward to the issues of 1936 and expect I shall find many articles useful to me in teaching.

NORMA M. JAMIESON,

Instructor, School of Nursing, Sherbrooke General Hospital, Sherbrooke, Que.

For further particulars concerning the Biennial Meeting see "Notes from the National Office", p. 77 in this issue.

Department of Private Duty Nursing

THE ORGANIZATION OF REGISTRIES

In many parts of Canada the organization of registries is undergoing scrutiny with a view to possible modification and change. In the United States this process began much earlier than in this country and was guided by a committee on registries sponsored by the American Nurses Association. This committee laid down some general principles along the lines quoted in the following summary and, while all of these are not applicable in Canada, they merit careful examination by any nursing group which either controls or is served by registries. The committee of American Nurses Association based their findings on six fundamental requisites which are here indicated by captions:

Physical Plant

An office for the conduct of the official registry should be maintained in a business location where twenty-four-hour service for light, heat, elevators and telephones is available. The site should take into consideration accessibility for registrants, as personal interviews between registrar and registrants are desirable and to be encouraged. In the best interests of all concerned, it is particularly urged that the registry shall not be conducted in a private home, although limitations in funds and personnel often make it necessary to establish a registry in a home during the early period of its development.

Organization

The official registry shall be conducted under the auspices of an association or associations which are component parts of the American Nurses Association. The composition of the board of directors of the official registry may be as follows:

(1) A board of directors composed of nurses, in good standing in the American Nurses Association, plus representatives of other constructive community interests, these

to be appointed as feasible by the nurse members of the board; or

(2) A board of directors composed of nurses, all of whom shall be members in good standing in the American Nurses Association. If sponsored by a district association, all nursing interests in that community shall be represented on this board; or

(3) A board of directors composed of nurses in good standing in the American Nurses Association, with an advisory committee composed of representatives from medical, hospital and lay groups concerned in community health.

Meetings of the board of directors of the official registry shall be held at least once a month as provided in the rules and regulations.

Administration

Minimum rules and regulations for the official registry shall be those recommended by the national committee on registries and approved by the board of directors of the American Nurses Association and the programme of the official registry shall be planned to meet those community nursing needs which legitimately fall within the province of the official registry in that community.

The policies of the official registry shall take into consideration the ethical and working relationships of the registry in relation to: (a) the obligations of the registry and its possible function in a unified community health programme; (b) its registrants, by maintaining, safeguarding and furthering their best interests; (c) the medical profession; (d) other health and social agencies.

Personnel

The personnel of the official registry should include a registrar (sometimes called director), to be appointed by the board of directors of the registry for such a period as is designated in the rules and regulations; she shall be a member in good standing of the American Nurses

Association and qualified to perform the duties incumbent upon her office. It is particularly necessary that she shall be employed on a salary basis. The office staff of the registry shall be adequate to conduct the business of the registry in an efficient manner, twenty-four hours a day, seven days a week. Twenty-four-hour duty on the part of the registrar, or of any member of the registry staff is to be avoided, and countenanced only as an emergency measure.

Registrants

Registrants in the official registry shall include those persons qualified to give the kinds and amount of nursing care needed to fulfil the functions of the registry in the community. Registrants may be:

(1) Registered nurses, to give nursing service either on a case or on an hourly basis. It is recommended that all registered nurses carried by the official registry shall be members of the American Nurses Association.

(2) Undergraduate nurses and practical attendants, both of which groups are to give bedside care where skilled nursing service is not needed, and to assume necessary household obligations.

Responsibility of the registry for its registrants shall include the following: (a) the credentials of the registrant shall be considered and approved by the board of directors of the registry; (b) essential information regarding the qualifications of the registrant shall be available for presentation to the patient or his family when the nurse reports for duty.

General supervision of the registrant by the registrar shall be provided as deemed necessary or desirable by the board of directors of the registry. Closer supervision is necessary in an hourly service and is required also wherever undergraduate nurses and practical attendants are carried by the registry. Supervision,

in the latter case, should be not only in the registry but also in the field.

Records

Personal records shall be kept for all registrants, the information being given by the registrant in person at the registry. Where personal registration is impossible, the registrant shall appear at the registry before entering upon her duties.

Personal records should include the following information concerning registrants who are registered nurses: (a) name, address, telephone, age, weight, height, religious affiliations, passport picture; (b) credentials as related to: school of nursing; postgraduate work; registration; history of experience, to include registries of which registrant has been a member and positions held previously; professional organizations of which registrant is a member.

When undergraduate nurses and practical attendants are registered the following information should be available: (a) name, address, telephone, age, weight, height, religious affiliation, passport picture; (b) credentials as related to: preparation and training; history of experience to include registries of which registrant has been a member and positions held previously. At least two references should be required as to character and ability; (c) signature to a statement appended to the application blank, promising to abide by the regulations of the registry.

Records necessary in the administration of the official registry shall be such as to: (a) make it possible for the registry to carry on adequately and effectively its daily work; (b) give information of statistical value in computing costs, and measuring work and accomplishments of the registry over a given period of time

Department of Public Health Nursing

SOME ASPECTS OF HEALTH EDUCATION

ANNA E. WELLS, Health Education Service, Department of Health and Public Welfare,
Province of Manitoba.

In considering the point of view and the place of the educationist in a provincial health programme, you will probably ask: Who are these persons who call themselves educationists? As health workers, are we not all educationists? At the outset then, it may be as well to make clear that we are agreed that all health workers are, or should be, educationists. Perhaps social workers should also be placed under this category; at least I may assert that they are potential health educationists. There are, however, a few workers in each province in charge of health educational programmes who are specially engaged in:

Exploring and developing all suitable avenues for health publicity and education.

Providing health teaching materials.

Spreading health information where field health workers are not available.

It is from the standpoint of this type of educationist that I propose to deal with the subject. We are generally agreed that health education is essential in any public health or social work, and is in fact the basis of such work. It is not surprising to find that all provincial health departments have undertaken the responsibility for promoting health education, either through a special departmental division or branch of service or as a part of administrative duties. Ontario was the first province to organize, in 1920, a division of public health education in the Provincial Board of Health, although we find that as early as 1883 this department carried on special efforts in this field. In Quebec, a librarian and publicist was appointed in 1922. In Sas-

katchewan, a division of public health exhibits operated from 1920 to 1931 but the divisions of sanitation, communicable disease, maternal and child welfare and vital statistics have each been responsible for their respective educational activities. In Alberta, a division of health education was organized in 1928. In 1929, a health education service was organized in Manitoba as a separate unit of work; thus far it has been under the financial wing of the public health nursing service, but is administered under the director of the division of disease prevention. In Prince Edward Island, Nova Scotia, New Brunswick and British Columbia, the work of a division of public health education is combined with that of the medical, nursing, dental, sanitation and recording services.

How It Began

Organized health education, the youngest child of public health, has been mothered by public health nurses everywhere. The development of public health nursing involved the use of publicity measures and also required the use of teaching aids in giving individual and class instruction, especially in rural districts. Thus the organizer of public health nursing had to fashion and foster this branch of work simply because there was no one else to do it. From such a humble beginning, let us consider for a moment to what enterprises this has led. In the annual reports of provincial health departments we find the following educational activities in addition to the instruction given by field health workers to individuals and groups:

Health publications are prepared and distributed.

Public addresses, illustrated lectures and exhibits are given.

(A contribution to a symposium on the Essential Features of a Provincial Health Programme conducted by the public health nursing section of the Canadian Public Health Association at the annual meeting, June 4, 1935.)

A programme of radio talks is available.

Copy is prepared for newspapers and journals.

Bulletins are prepared and sent to local boards of health.

Correspondence bureaux have been established.

Programme and reference materials are provided to study clubs.

A loan poster and slide service has been prepared.

A loan film service is offered.

A lending library service is available.

From this bird's-eye view, incomplete as is undoubtedly is, we can see quite clearly the avenues which have been tried and found useful for advancing health education.

I do not imply that the public health nurse has become an unimportant factor in promoting a health education programme. On the contrary, I would like to emphasize that the constant personal contact of the public health nurse with all age groups and agencies in a community gives her an approach that no other community worker can possibly have. Furthermore, we have reason to believe that she is the most effective agent because, unlike other professional workers, she has been trained to serve loyally under medical direction and to adapt health information to particular needs. Indeed I am tempted to say that she has the greatest appeal to the public by reason of her profession, and because she gives the most service for the least outlay.

It is true that the public health nurse has been criticized for inefficiency in health teaching but we can hardly lay the blame at her door. Lacking sufficient preparation, leadership and assistance, it is likely that she has been too engrossed with the problems of sanitation, nursing and social service, to give it sufficient thought and time in her daily routine. Then again, even the best plan for public health nursing is limited in relation to health education by factors over which public health nurses have little or no control—perhaps one reason why health education can no longer be left entirely to

the administration of a public health nursing service.

Strangely enough, the public health nurse faces criticism for not measuring up in educational work and also has to meet the criticism of those who question her right to act as a health teacher at all. There is even a difference of opinion as to her ability to give adequate class instruction in home nursing and first aid, which is but one part of health education. Nevertheless, in the field of health education she has a great opportunity, but to function successfully she must have leadership, professional support and goodwill, and the means for continuous professional education. Staff education, by means of library facilities, conferences, refresher courses and institutes provides a constant source of inspiration and help and, in this connection, the educationist can do much by encouragement and active assistance.

The Nurse as Educationist

I need not touch upon the particular duties of the public health nurse as a teacher for you are all familiar with them. In discussing the work of the educationist, while the public health nurse is primarily interested in the teaching of the individual, and the educationist in the task of mass education, what is said of one may nevertheless be applied to the other.

In planning a programme, the educationist must have a clear picture in mind as to the purpose of his work and the steps that may be taken to do it effectively. If health education is to educate, it requires a definite and systematic plan for continuous action, based on the interest and assistance of all official and voluntary agencies; in short, it should be a co-operative enterprise and to promote this activity is the chief objective of the educationist who is engaged in developing a provincial health programme. Viewed thus, there is a wide outlook in making plans and in forming relationships and a

recognition that success depends upon ability to inspire and help others. The duties of the educationist may be further considered under three headings: giving information; preparing publicity; organizing educational projects. May I mention briefly some of the various requests that come in day by day, and describe the planned effort made to guide health education in the desired direction.

Health Information

First there are inquiries by mail, by telephone, and from those who call in person. This information bureau is carried on chiefly to advise those not reached by health workers and naturally, the fewer workers in the field, the more inquiries are received. It also serves the need of health workers themselves for guidance and assistance. Requests come from parents for certain health pamphlets or for help with some particular problem, from teachers for advice and teaching aids, or from the pupils themselves. For instance, a recent series of talks in our radio programme suggested to a junior high school teacher the idea for a class study of public health work in the province and before long we had a deputation of pupils demanding the whys and wherefores of public health departments. Enquiries also come from graduate and undergraduate students, from leaders of community organizations and study groups and professional workers of all kinds. There may be a request to suggest or to arrange for a speaker or to provide information for a debate, or to prepare a talk for a busy public health nurse who has no references at hand on the theme desired. Then, again, a health officer may ask for a set of posters to be prepared for some special purpose.

Next, there is the matter of securing publications for distribution and preparing those required for a particular use. It is in this activity that the individuality of the work in each province is most noticeable. For instance, in Ontario there

is the "Health Almanac," and in British Columbia there is a "Public Health Nurses' Bulletin"—both publications of special interest. While it may appear that the task of conducting an information bureau is a difficult one it can be built up easily by the simple idea of "If we haven't what you need, we shall try to get it for you."

Health Publicity

At certain times of the year, health publicity requires the attention of the educationist. The various projects include:

1. An annual activity, such as the preparation for a programme of radio talks, or for exhibits for annual conventions and fairs. Every year these must present something fresh and timely for the particular group for whom it is planned.

2. A periodic feature, such as the giving of public addresses or the preparation of copy for the press. News items for the daily papers, or articles on current topics to journals reaching various age and occupational groups, are a valuable means to secure interest as well as to spread information in health matters.

3. An occasional project, such as a special campaign or drive, when every medium is utilized for advertising and spreading information, as for example about toxoid, or a "Safety Week Campaign."

Educational Projects

In the field of child health education, health workers and teachers are assisted by providing them with lesson aids and classroom material emphasizing those phases of health training and instruction which still require more attention in school health programmes. In adult health education, courses of instruction are arranged and teaching aids provided in normal schools. In schools of nursing, assistance in public health instruction is given by supplying outlines and references for instructors and students and by arranging for special speakers. Community groups, such as the Women's Institutes, United Farm Women, and various clubs, are also provided with outlines and reference material for study in health matters. Speakers are arranged for when it is possible to do so and 'teen-age groups

are also helped by advising their leaders regarding health problems and supplying them with teaching aids. In all of these activities the educationist may draw upon the resources of other departmental services and may make his own branch of service a means for co-ordinating all publicity and educational measures of the department.

Problems and Possibilities

Difficulty in arranging for speakers to address meetings and study groups has been partly overcome by encouraging self-study on the part of the members. This has meant an increased demand for study aids; nevertheless, the outcome has indicated the value of promoting methods which encourage self-activity. For instance, there is the leader group method, used by demonstrators in home economics; if it is successful in this branch of knowledge, why not in health? Think of the number of women who might be reached with practical instruction in this way. Then, as to the radio method, is it not feasible to make greater use of the radio to supplement courses of instruction? And what of the men? We must confess that thus far our efforts have been directed chiefly to the needs of women; perhaps we might be able to reach the men through programmes for general adult education.

One way in which an educationist can guide educational plans is through membership in welfare organizations and councils of social agencies. There may be workers connected with institutions for child care who can be assisted in forming a study club, or there may be educational problems which apparently can only be solved by encouraging frank discussion as, for instance, in maternal welfare services in which the physician, nurse, board member and layman are all interested. This leads me to mention what I believe is the most important development in health education today, namely a community council on health education under

the auspices of either a community health association or a council of social agencies. A fine example is that of the health educational section of the Central Council of Social Agencies in Chicago, where the members asked themselves: "Are we doing the best job we can in health education in Chicago?" In order to find out, they decided to turn their attention upon a given part of the city and the Community Fund supplied funds to finance the project whose aims are:

To bring about a better understanding of the work now being done by health agencies.

To stimulate the best use of health agency facilities.

To discover any gaps in the health educational programme, and to find ways of filling them.

To bring about a better working relationship between all agencies carrying on work in the area being served.

This enterprise could be adapted to any area urban or rural. Do you not think it is an idea worth considering? The recent national campaign for the King George Jubilee Cancer Fund has shown unmistakably what collective thinking and planning can accomplish.

With regard to school health education, the slow process of revising curricula and providing facilities to allow for adequate instruction, seem to be real obstacles in the way of progress, in spite of all our efforts. Here again is where a council on health education might be of great assistance in promoting an understanding of such difficulties and perhaps aid in removing them. At present, the inadequate health programme in all schools for professional workers who deal with children and families is a serious handicap. Not until health education is carried on with due emphasis upon instruction, study and application throughout the whole period of training can community health education be developed to its fullest possibilities.

From this brief outline—far from complete, since no mention has been made at all of the importance of the educational

efforts of agencies other than the provincial health department—you may have gathered that the educationist must constantly test his or her work and be ever watchful for new developments. In health education, our ideas, methods and techniques are constantly changing; what the future type of health teaching will be is difficult to foretell. Health educationists must keep in touch with new methods, techniques and materials and, as sources of information, they must keep themselves informed. On whom can they depend to pass authoritative judgment on new ideas and ventures? How can they secure an exchange of ideas? It would be helpful to have even an automatic exchange between provinces of all new publications and reports as they are issued. Health education has become an activity requiring special study, yet literature on the subject is limited and the health education institutes of our neighboring countries are usually beyond reach. We hope

that the formation of a health education section in the Canadian Public Health Association may be instrumental in dealing with these questions, and yet, as this newly formed section grows, we should not forget that we owe much to the officers of the Public Health Nursing Section of that Association for stressing the problems of health education at their sessions each year.

In summing up, may I remind you that if we believe that health education is essential in a health programme, it would appear that:

Health workers, particularly public health nurses, need more encouragement and assistance in the study and development of health educational programmes.

More attention to health education is necessary in schools for professional workers of all kinds.

More rapid progress can be made in promoting health educational projects by utilizing the present trend towards co-operative activity and citizen participation, and by basing plans on community needs.

APPOINTMENTS

Miss Fyvie Young

The Board of Governors of the Canadian Welfare Council has appointed Miss Margaret Fyvie Helen Young, Reg. N., B.A.Sc., M.A., as secretary of the division on maternal and child hygiene. Miss Young was educated in the elementary and secondary schools of Victoria, B.C., taking honour standing throughout and entering the University of British Columbia in 1926. She graduated in 1931, with the degree of Bachelor of Applied Science in Nursing from the University of British Columbia and the diploma in nursing of the School of Nursing of the Vancouver General Hospital. She won the University scholarship at the end of her second year, the Vancouver Women's Canadian Club scholarship in nursing and health at the end of her fourth year, and the Provincial Board of Health prize in public health nursing upon graduation. In May, 1931, she was appointed to the staff of the Cowichan Health Centre at Duncan, B.C., and was promoted to the position of supervisor in 1934. In the same year she was awarded a fellowship by the Rockefeller Foundation and

from September, 1934, to June, 1935, she attended Teachers' College, Columbia University, receiving her M.A. degree in the field of supervision in public health nursing. Three months were then spent in field observation work including the East Harlem nursing and health service, and community health and nursing education services in Boston, New York, Baltimore, Washington, Minnesota and Seattle. Recently, Miss Young has been making a special study of the North Vancouver Health Unit, directed by Dr. Greg. Amyot, from which piece of work she comes directly to the Canadian Welfare Council.

Miss Helen G. Schwarz

Miss Helen G. Schwarz has been appointed Associate Professor in the department of Nursing Education at the College of Saint Teresa, Winona, Minnesota. Miss Schwarz completed her training at the Washington Boulevard Hospital in Chicago in 1920 and since that time has had a notable record of successful experience in various hospitals. Miss Schwarz obtained her B.S. and M.A. degrees from Teachers College, Columbia University.

BETTER BABIES IN HOIRYUNG

BEULAH BOURNS, Korea Mission of the United Church of Canada, Hoiryung, Korea.

I do look forward to the arrival of *The Canadian Nurse*, and first and foremost search diligently for any news notes from the Winnipeg General Hospital. Articles on nursing procedures are great-



THE PRIZE BABY

ly appreciated in a place like this where one has very few books, no reference library and nobody, nurse or doctor, with whom to discuss one's medical problems. I am on a very small station in Korea with only two foreign residences and one housemate. Even at that, we see very little of each other, as our work calls us to the surrounding country and even when we are at home, it is usually alone.

I am trying to do public health work and find it interesting though progress is slow. Just last night I got back from one country place (Chung Chin) where, out of the seventy babies examined, only three were not sick. I never saw such a dirty lot of babies, yet it is gratifying to see that here in Hoiryung, where the clinic has been held regularly every month for some years, the babies are clean and well

cared for and it is a rare thing to have to treat sickness.

Nursing is progressing in Korea. We have our Association where foreigners and Koreans meet to try to work out their problems and thus raise the standards of nursing.

Perhaps the readers of the *Journal* would be interested in hearing about our "Better Baby Day", which took the form of an exhibition on a small scale and evidently pleased everybody for it was the first of its kind to be held here.

Our monthly clinic (which is the cradle roll of the church) has been well attended and was a real success throughout the year, but we seemed to be failing in new membership especially among the non-Christians. If we are to reduce the infant deathrate to any noticeable degree we must reach every mother in the district, and with this thought in mind we started to plan our Better Baby Day. Police permit was granted and in fact was gladly given, because last year I had the opportunity to help in a public vaccination day and the police authorities appreciated it very much and now sponsor any public health work we undertake.

The morning dawned, a bright sunshiny day and the last minute touches were added. The workers, all dressed in white with red badges, gave a dignified appearance and, the minute the doors were opened, the mothers and babies crowded in. Let us accompany one of the Korean mothers and see the clinic through her eyes:

At the door was the shoe man with slippers and paper to wrap up the removed rubber shoes and as this was done, the smiling face of the Biblewoman greeted us and showed us the way. There were many tables, all brightly arrayed, and interesting pictures hung all round the wall. We didn't know where to look first but we were soon shown. As we gathered round the first table, a nurse removed a large doll from a basket bed and undressed and bathed it, teaching us as she worked. By

means of the pictures on the wall she told us about an ideal daily routine for babies and then gave us each a slip of paper with instructions to be read when we got home. On the next table was a baby's outfit, spread out for us to see and handle, and here again the kindly lady told us all about it and gave us free patterns and literature. Next we were given a babies' diet list and, as we looked it over, we saw all the foods displayed temptingly on the table. We could easily prepare all these ourselves now that we have been shown how. We listened to the story of soy beans and how they make a milk which is nourishing for babies and children. We can easily make soups and other dishes from this milk and, when we tasted and found out how good it was, we gladly took the recipes. Koreans know nothing about the use of milk, and children are nursed up to four and five years of age. Cows are used as beasts of burden and we smiled when, only yesterday, Koreans came to see how the foreigner milked his cow. As we stopped at the last table, we saw, on display, pails and soap, wash-tubs and fly-swatters. Next we were told to go upstairs and have our baby examined, and then our hearts did beat for he may win the beautiful silver cup which has been donated and displayed in the window of a down-town store. First we gave our name, age and address to a girl sitting at a desk and then we were told to undress our baby, so we sat down on the carpet and laid him on the low white table and undressed him. We passed quickly into the nurses' room where baby is measured and weighed before going to the doctor who gives out medicine and teaches us as he examines. Two of our Christian doctors gave up their whole day to help us. When we had our baby all dressed again he got a nice green badge so that when he left everybody knew that he had been to the Better Baby Day.

In the corridor we saw charts, telling us about what we must do if we want to attend the regular monthly clinic to have baby examined and receive teaching; one by one the names are added, and the small fee of five cents is taken. We heard that the lantern slides were just about to start, so we went into a dark room and saw and heard more about how to keep our baby healthy. A rest room is provided with toys and books and that we could, if we wished, look round again or go back and ask questions.

One hundred and fifty-seven babies were examined; some were turned down because their baby was more than four years old and others just came for a "sight see". The day was a great success and plans are being made for another to be held next year. A special service was held on the following Sunday for the awarding of the prizes to the eleven best babies and on Monday we had a party for the workers at our home. The prize baby, his mother and his grandmother all came and brought baskets of fruit to show their appreciation. The baby is a lovely, sturdy chap of eight months and every one agreed that he was a true prize baby. It was the first time this family had ever seen a foreign house as they were non-Christian so, after the other guests had gone, we showed them around and the old grandmother "sampled" lying on a bed. It all seemed a regular palace to them and they have promised to come to church regularly.

COMING EVENTS

Refresher Course

The School of Nursing of the University of Toronto will offer a refresher course in Child Hygiene from May 13 to 16 inclusive. It will be open to all public health nurses and will endeavour to deal with changing practices in the many aspects of the subject. Lecture work will include the approach of the paediatrician, the psychologist, the nutritionist and the social worker, a goodly portion of the time being devoted to discussion periods. Special emphasis will be given the place of child training and parent education in this field. Further particulars will be available later, but this advance

notice is being published because it is always necessary to plan some time ahead if a given period is to be kept free.

Ontario Annual Meeting

The annual meeting of the Registered Nurses Association of Ontario will take place in Peterborough, on April 15, 16 and 17, 1936. Miss Matilda Fitzgerald, secretary-treasurer of the Association, announces that a more detailed notice of this meeting will be available for publication in the March issue of the *Journal*. An interesting programme is being planned and important business will be presented for discussion.

Book Reviews

PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES, by Wilson G. Smillie, M.D., Dr.P.H.; 458 pages, 23 illustrations. The Macmillan Company of Canada, Toronto. Price \$4.20.

This book is written in four parts. In the first section the author outlines the desirable minimum functions of a community health service, the present trends indicating the direction of future growth and the development of public health administration in the United States. The second part, consisting of fifteen chapters, deals with the administrative control of communicable diseases. General principles are formulated and each major communicable disease is authoritatively and specifically treated. A special feature is a short article on education at the close of each chapter. This section alone is an excellent text. In part three, "Basis Activities of a health organization" vital statistics, the public health laboratory epidemiology, sanitation and sanitary science, public health nursing and education all receive serious consideration. Child, maternity, school, industrial and mental hygiene are treated as community responsibilities and as being major functions of the health organization. Nutrition, not so commonly recognized as an activity of the official health department, is reckoned a basic service:

The health officer must attempt to maintain the general level of health of the mass of people entrusted to his care at an optimum point. We now recognize that suitable nutritional standards play a very important part in the growth and development of the child, in prevention of disease in the individual, and in

the building and maintenance of adequate community health standards. Thus every public health administration must be familiar with the general principles of the whole field of nutrition.

In part four, "Organization of public health programmes," the major functions of municipal, rural, state and federal health administrations are studied and suggested plans of organization presented. The place of the public health organization in community life, the inter-relationship between civic, state and federal departments, between public and private agencies, between health officers and practicing physicians are discussed objectively and constructively. Stress is laid upon the need for special preparation for all persons in public health organizations and especially for the important office occupied by the chief executive officer. A study of appraisal form, budgets and budget making and a very brief and conservative attempt at forecasting the future concludes this interesting book. In a clear, forcible and readable style, public health service is presented as a challenging and worthwhile career for the qualified and scientifically minded individual. Each chapter is followed by a comprehensive bibliography of recent publications. This book should prove a valuable addition to the library shelves of medical and nursing schools, public health organizations or of any student interested in the health and welfare of his community. —MARION NASH, Educational Director, Montreal Branch, Victorian Order of Nurses.



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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

General Meeting

The eighteenth general meeting of the Canadian Nurses Association will be held in Vancouver from June 29 to July 4, 1936. The Hotel Vancouver, chosen for convention headquarters by the hostess organization, the Registered Nurses Association of British Columbia, will provide ample space for the requirements of the national organization during the week.

The city of Vancouver, in observing its semi-centennial anniversary of incorporation this summer, will be in special gala state on July 1, therefore, upon the recommendation of the committee on arrangements, the executive committee of the Canadian Nurses Association has decided to suspend sessions for Dominion Day.

The memory of the Founder of the Canadian Nurses Association, Mary Agnes Snively, will be honoured when the President, Miss Ruby M. Simpson, delivers an oration eulogizing Miss Snively's life and work; for the first time, the Mary Agnes Snively Memorial medals will then be presented to three nurses, each of whom has been recommended for this recognition by the Provincial Associations. Miss Snively's memory is to be thus perpetuated by a similar ceremony at each biennial meeting. It is gratifying to be able to announce that, prior to this ceremony of presentation, Dr. G. M. Weir, Minister of Education, Province of British Columbia, will give an address. Dr. Weir is best known to the nursing profession as director of the Survey of Nursing Education in Canada.

Draft of Programme

The initial draft of the proposed programme shows that the programme committee has under preparation, plans for an exceptionally interesting week. Dur-

ing this two-year period between biennial meetings, the Provincial Registered Nurses Associations have been requested to study intensively the re-organization of registries, the development of community nursing bureaux and the licensing of all those who nurse the sick for hire. The national organization, recognizing "the economic and social aspects of the nursing problem as viewed from the angle of the needs of the community and of those of the profession," has attempted to point the way by which provincially controlled or legislated health interests in relation to community and professional problems shall be improved. An entire session during the general meeting is to be devoted to receiving the progress reports of these provincial activities following which an address will be delivered on "Nursing service in a health insurance plan." The resolutions arising from this session should define the course for definite action by the Provincial Associations, each of which must be guided to some extent by the various requirements and conditions peculiar to individual provinces.

Health Insurance

It is recalled that last April, when the Provincial Legislatures were invited by the Federal Minister of Health to send representatives to a national health conference, the Canadian Nurses Association was permitted to have several representatives attend that conference as observers. Prior to the opening of the conference, a memorandum on health insurance and nursing services, from the Association, was presented to the acting Prime Minister and to the Federal Minister of Health.

Dominion Registration

A subject of national interest, discussed at the earliest general meetings of the Association, was Dominion registration

for nurses. Enquiry revealed that such a legislative measure could be enacted only by provincial authority. It is now over ten years since legislation was finally obtained in all provinces. Recently, the Association, through a special committee appointed in 1934 to study Dominion registration, submitted to the provincial associations a plan whereby Dominion registration, through the establishment of a Dominion Council of Nursing can be achieved. This plan should receive careful study and the official delegates should be acquainted with the opinion of their respective Associations before the plan is presented for action at the general meeting.

Curriculum

The report of the Survey of Nursing Education emphasized the need of radical reorganization of nursing service in Canada. Various factors must influence such reorganization. A fundamental factor is uniformity in the basic education of the nurse in all schools of nursing throughout the Dominion. The Association is supporting the curriculum committee of the Nursing Education Section in its important work of preparing a curriculum which will serve as a guide in building an educational programme to prepare the nurse for the general practice of nursing. Ample time is allowed on the programme for the report of the curriculum committee, discussion thereto and action therefrom. As in 1934, one entire general session will be given to this exceedingly important activity in 1936.

Various Reports

From the reports of committees, sections and federated units, it will be possible for one to obtain a perspective of professional national organization activities throughout the Dominion. An added interest to the report of the editor and business manager of *The Canadian Nurse* will be the announcement of the results of the special circulation campaign. To culminate the programme, on Friday af-

ternoon the general topic is to be "Of nurses and nursing" which will be discussed from the viewpoint of a hospital administrator, a physician, a public health nurse and an educationist. The closing day, Saturday, will be given over to the final business session.

At present, announcement in detail cannot be made of the plans of the sub-committee on entertainment of the committee on arrangements but it can be predicted that the chief difficulty of that group will be to refrain from making the entire week one of social enjoyment for their visiting colleagues. The majority of these nurses must travel long distances to reach the place of meeting in 1936, but the attractions of Vancouver, as well as those en route, are quite sufficient to persuade all who can to travel westward across the Rocky Mountains to Canada's metropolis on the Pacific coast.

Personnel of Committee

The members of the programme committee are: convener, Miss Ruby M. Simpson, president of the Canadian Nurses Association; Miss Elsie Wilson, honorary secretary Canadian Nurses Association; Miss Marion Lindeburgh, chairman, Nursing Education Section; Miss Anna E. Wells, chairman, Public Health Section; Miss Jean Church, acting chairman, Private Duty Section; Miss Kathleen Sanderson (who is also convener of the committee on arrangements), and Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association.

Transportation

The Canadian Nurses Association has been advised by the Canadian Passenger Association that the most advantageous excursion rates for those who will attend the general meeting in Vancouver, June 29 to July 4, 1936, will be the regular summer tourist rates. These rates are obtainable for (1) five months' duration, and (2) forty-five days' duration; both offer standard and tourist accommodation. These excursions include, if pre-

ferred, travel via the Great Lakes route. Detailed information can be obtained from all ticket offices of the Canadian National Railways and the Canadian Pacific Railways; the same offices should be able to supply information to those who wish to holiday on the Pacific coast previous to, or following the general meeting. There are various attractive steamship cruises among which may be mentioned those to Alaska through the famed "inside passage" where the steamers traverse a channel through the heart of the mountains.

Hotel Accommodation

The manager of the Hotel Vancouver, headquarters for the general meeting of the Canadian Nurses Association, has forwarded the following information concerning accommodation for guests attending the General Meeting:

Single room without bath: \$2.50 a day.

Single room with bath: \$3.50 a day.

Double room without bath: \$4.00 a day.

Double room with bath: \$5.00 a day.

By special arrangement, a limited number of rooms will be available for three or four guests. These rooms are large and airy and would be furnished with three or four single beds and, in some cases, equipped with two bathrooms. The daily rates for these rooms are:

Three persons to a room: \$2.50 each.

Four persons to a room: \$2.00 each.

It is recommended that early reservation for accommodation be made directly to the manager of the Hotel Vancouver.

Student Nurses

The committee on arrangements will endeavour to find accommodation for student nurses who may be sent to attend the general meeting. The convener, Miss Kathleen Sanderson, asks that superintendents of schools of nursing communicate with her as soon as possible, so that she may have an idea of how many students will require accommodation. Miss Sanderson's address is 1675 West Tenth Avenue, Vancouver.

Special Social Functions

The committee on arrangements suggests that all groups wishing to arrange for special social gatherings as alumnae breakfasts and luncheons should plan to hold these affairs on Thursday, July 2; the committee is refraining from making plans for entertainment on that date. Mrs. Ernest Helliwell (Kathleen Perrin, W.G.H.), 5041 Marguerite Street, Vancouver, will be pleased to make reservations for those wishing to arrange for a special social affair.

Provincial Activities

At the final quarterly meeting in 1935 of the executive committee of the Canadian Nurses Association, the Provincial Associations reported study of community nursing bureaux and the reorganization of registries.

The New Brunswick Association of Registered Nurses and the Registered Nurses Association of Prince Edward Island have under consideration amendments to their Acts for the registration of nurses. The latter association, during 1935, held quarterly meetings with gratifying results.

The Manitoba Association of Registered Nurses has completed arrangements for reciprocal registration with the General Nursing Council for England and Wales, and the General Nursing Council for Scotland. Negotiations for similar arrangements have been commenced with the General Nursing Council of Ireland.

The Alberta Association of Registered Nurses has under consideration the establishment of reciprocal registration with the General Nursing Council of England and Wales.

It is recalled that the Registered Nurses Association of British Columbia has in operation a reciprocal agreement with the General Nursing Council for England and Wales.

... OFF ... DUTY ...

When entertainment was less sophisticated . . . than it is now . . . there were a few simple souls . . . who got quite a lot of pleasure . . . out of listening to "readings" . . . We can recall . . . being considerably stirred up . . . by listening to Harold Nelson . . . (Do you remember him?) . . . reading "The Bells" . . . He had a fine voice . . . and a respect for good poetry . . . so did not mouth it . . . nor pull faces . . . but gave each word its full value . . . It was from him . . . that we first learned . . . how beautiful onomatopoeic words may be . . . (No, we won't tell you what the word means . . . go and look it up . . . we had to) . . . The chime and clamour of the bells . . . all sorts of bells . . . rang in that drab schoolroom . . . and made us tingle . . . Even now we can hear . . . far echoes and reverberations . . . Church bells, in the peaceful English countryside . . . bells on the collars of husky sleigh dogs . . . cowbells coming homeward . . . in the long shadows . . . of a prairie sunset . . . The tinkle of a bell strung round the neck of the milkman's horse . . . (a good sound that, when the night has been long) . . . The six o'clock bell . . . sharp and disciplinary . . . because seven o'clock must see you on duty . . . in cap and uniform . . . and with very little breakfast . . . The horrible bell at five in the afternoon . . . which roughly shouts at tired night nurses . . . who have never really slept . . . the whole day through . . . Bells in the foyers of European theatres . . . warning you . . . that the curtain is going up in a minute . . . Bells on railway engines . . . timing the slow-turning wheels . . . of meeting and parting . . . Bells for fire drill . . . in a children's hospital . . . A hand-bell, rung by the girlish teacher . . . in the doorway of a little school-house . . . in the woods of New Ontario . . . An electric bell, sharp, insistent, terrifying . . . touched by the nurse in the separating room . . . where a patient lies alone . . . so that the others in the ward . . . will not be upset . . . by that which must happen presently . . . A bell, frivolous and a bit provoking . . . rung by the impertinent young man . . . in private ward twenty-one . . . who is really quite well enough now . . . to be restored to the bosom of his family . . . A desperate bell from the labour room . . . it will be a long time yet . . . poor woman . . . Convent bells at five o'clock on winter mornings . . . cold, remote, austere . . . The Angelus with its repetition of the symbolic three notes . . . The "bourdon" of the great bell of Nôtre Dame de Paris which makes the air quiver on Easter morning . . . The passing bell from a church on a Welsh hillside . . . a stroke for every year . . . seventy-two . . . seventy-three . . . seventy-four . . . was he really so old as that? . . . until lately he did not look it . . . but rode to hounds . . . with the best of them . . . Bells on a pack train . . . threading along a Rocky Mountain trail . . . Telephone bells . . . intrusive, exasperating, necessary . . . a telephone bell and a voice trembling over the wire . . . "Are you there?" . . . "Sorry, wrong number" . . . usually but not always . . . Bells at sea . . . striking the hours all wrong . . . or so it seems . . . to those who do not know the way of a ship . . . A bell on a rocking buoy . . . off a dangerous coast . . . "shoal . . . beware shoal" . . . This is the bell for us . . . if there could be but one . . . this we would choose . . . lifting untiringly to every wave that batters it . . . solitary and defiant . . . "Would I change with my brother a mile inland? . . . not I" . . .

E. J.

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THE NIGHTINGALE FOUNDATION

A letter received by the executive secretary of the Canadian Nurses Association from Miss Gladys Sharpe shows that the holder of the national scholarship is thoroughly enjoying her English experience.

Christmas in England

We are having a glorious and (we think) well-earned holiday. It was not until college "went down" on December 19th that we dared become festive but now—essays done—no reference assignments to be read, we can do the hundred and one things which accumulate at such a time. Christmas has not been dull and our celebrations commenced officially when a party motored down to Radnage to gather holly for decorative purposes. Now holly is everywhere, even on the grille of the front door. On Christmas Eve we were warned that the library and drawing-room were "out of bounds" until evening. Mrs. Carter had flown from Paris by the last plane, before the service was discontinued due to fog, and she joined us in our buffet luncheon adding much to our enjoyment. Dinner at eight, instead of seven, increased appetites as well as curiosity—just what had been going on behind carefully guarded doors all day? When we were ushered into the dining-room our delight was boundless. The customary small tables were replaced by three large ones. The only light was provided by candles and it was the most beautiful setting for a Christmas dinner ever seen. Fifteen different countries were represented and, in addition to the international group of 1935-36, two students from Persia who are in training at St. Thomas's Hospital and a third from Germany made the group even more cosmopolitan. Dinner over, we were at last permitted to enter the drawing-room. Always an attractive room, on Christ-

mas Eve it appeared even more lovely. A tall fir tree, laden with parcels, occupied one corner, and the piano, draped in an exquisite piece of Chinese embroidery, was piled high with gifts. "Old Internationals" from all parts of the world had remembered us, and we had flowers from Capetown, oranges from Java, chocolates from Canada and gifts from the various nursing organizations in England. Christmas messages from forty different countries came to Manchester Square, and Miss Dorsey, the Warden, is the most understanding person, particularly at this time. After the students had departed to their various destinations for Christmas Day those of us who remained were not permitted an idle minute to indulge in home-sickness. Yesterday afternoon we went to St. Thomas's as guests of the Nightingale School. Here we first attended a party in a children's ward and then followed the "singing ladies with their lamps" from ward to ward. It was a beautiful experience not soon to be forgotten. What a wonderful privilege it has been to be part of an English Christmas.

Additional Contributions

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

Staff, Matsqui-Sumas Hospital, Abbotsford	\$ 4.00
Staff, R. W. Large Memorial Hospital, Bella Bella	6.00
Sisters of St. Ann, Lourdes Hospital, Campbell River	5.00

Ontario

Student nurses, Hamilton General Hospital	25.00
Student nurses, Ottawa Civic Hospital.	40.00



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News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: An organization meeting was held at the Calgary General Hospital on January 8, 1936, in order to form an alumnae association. Miss S. Macdonald, superintendent of nurses, suggested a slate of officers for the first year, after making a few introductory remarks concerning the aims and functions of such an association. Miss Macdonald referred briefly to the history of the school, its organization in 1896, and its first graduate, Miss Marion E. Moodie, now resident in Montreal. Mrs. Elizabeth Straker, the new president, took the chair and introduced the other officers, who were accepted and approved by the meeting: Vice-president, Miss A. Hebert; second vice-president, Mrs. Selby Walker; recording secretary, Miss Jean Phelan; corresponding secretary, Mrs. Bradley (nee Helen Lees); treasurer, Miss Mary Watt; press representative and archivist, Miss Margaret Moodie. Concluding an interesting and informative presidential address, Mrs. Straker spoke of the honour the members might feel in being able to place on the honorary membership roll two nurses, namely, Miss Marion Moodie, of Montreal, and Miss Julia Murphy, of Calgary. Miss S. Macdonald was welcomed as honorary president of the association, and Miss J. Connal as honorary vice-president. A copy of a provisional constitutional and by-laws was presented for approval and adoption at a following meeting. Meetings will take place on the second Monday of each month and, until further notice, will be held in the hospital lecture room. The numbers who were present testified to the interest of the nurses in their school, and their pleasure in meeting members of their own graduating classes and those of other years.

MEDICINE HAT: The last meeting of the Medicine Hat Graduate Nurses Association for 1935 was held recently. The main activity for the year was the relief of unemployment among its members to some extent, by supplying nursing service to seriously ill hospital cases when financial inability would not otherwise permit this extra care. Through a committee, and at the expense of the association, a nurse was placed on a case and permitted not more than two days' work at one time. As this work continued it was necessary to augment the funds of the association in different ways. A successful bridge tournament has just been held which, with two previous bridge parties, a spring tea, and a play, have made

for the association a particularly busy but satisfactory year. We are pleased to learn that Miss M. Hagerman, of the child welfare clinic, is expected to resume her duties at the beginning of the year, after an absence of several months due to an injury sustained in an automobile accident.

BRITISH COLUMBIA

MARRIED: On November 23, 1935, Miss Beatrice Elizabeth Patricia Langley (Royal Inland Hospital, Kamloops), to Mr. Clement Fitzalan Cornwall.

MARRIED: On December 5, 1935, Miss Ethel Olive Mitchell (Vancouver General Hospital) to Mr. Harold Leonard Hopper.

MARRIED: On November 30, 1935, Miss Agnes Elizabeth Wallace (St. Paul's Hospital, Vancouver) to Mr. John S. Henrich.

MANITOBA

BRANDON: The Graduate Nurses Association met recently, the doctors' wives being in charge. Miss Birtles, the guest of honour on this occasion, was presented with a beautiful bouquet of red roses, the presentation being made by Mrs. S. Pierce. Mrs. Darrach appropriately voiced the sentiments of the association and their pleasure in the honour conferred on Miss Birtles in her recent award of the O.B.E.

WINNIPEG: Misericordia Hospital: A farewell party was recently tendered Miss Ann Swabada by members of the Alumnae Association and the student nurses at the Hospital. The guest of honour, who was the recipient of several lovely gifts, leaves shortly to join the staff of the Vancouver General Hospital.

NEW BRUNSWICK

MONCTON: At the annual meeting of the local Chapter of the R.N.A.N.B. the following officers were elected: President, Miss Florence Brean; secretary, Miss Nellie Good; treasurer, Miss Leonora Flemington; representative to *The Canadian Nurse*, Miss Cynthia DeBow. A successful dance was held recently and the proceeds were used for the work of our Chapter including the maintenance of our room in the Moncton Hospital, Christmas remembrance for sick nurses, gifts for ward patients, and as usual the Chapter sent *The Canadian Nurse* as a Christmas gift to the student nurses. Miss Margaret Pringle, a graduate of the Royal Victoria Hospital and of the McGill School for Graduate Nurses, has accepted the position of instructress of nurses at the Moncton Hospital School of Nursing held until recently by Miss D. R. Oliver. Our members were invited re-

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cently to showers given in honour of Miss D. R. Oliver, who was married to Mr. Manley Stillwell; Miss Marion Mercer, who was married to Mr. Joe Harris; Miss Dora Johnson, who was married to Mr. E. Moore Perry, and Miss Agnes McCabe to Mr. Jack Wonnacott.

NOVA SCOTIA

GLACE BAY: The election of officers, which took place at a recent meeting of the Cape Breton branch of the Registered Nurses Association of Nova Scotia, resulted as follows: President, Miss Clara McKinnon, Glace Bay; vice-president, Miss Mary McAskill, Glace Bay; treasurer, Miss Lettie Turner, Glace Bay; nominating committee, Miss E. B. Seaman, V.O.N., Glace Bay; *The Canadian Nurse* committee: convener, Miss Clara McKinnon, Glace Bay, assisted by Miss L. Dillan, Sydney; Miss Henderson, New Waterford General Hospital; Miss Sadie McKinnon, St. Joseph's Hospital, Glace Bay. We have appointed an active committee whose aim is to increase the number of subscriptions to *The Canadian Nurse* considerably during the coming year.

HALIFAX: The monthly meeting of the Halifax branch of the R.N.A.N.S. took place recently and at the close of an animated business session, presided over by the president, Miss Victoria Winslow, the members were addressed by Dr. Florence Murray, missionary on furlough from Korea, who gave an interesting talk on medical and nursing conditions in this part of the Orient, where she has spent fourteen years.

HALIFAX: St. Elizabeth's Guild recently held a meeting at the Halifax Infirmary. This study group, which was organized some months ago, has an average attendance of about fifty, and much interest is being shown in the subjects discussed. Its officers are as follows: President, Miss Agnes Egan; vice-president, Miss G. Crosby; secretary, Miss B. Foley. Miss C. Graham presented a valuable paper at the December meeting, her subject being "Your profession and mine." An excellent paper was also presented recently by Miss Whidden, who spoke of pioneer nursing in Brittany.

HALIFAX: The Alumnae Association of the Victoria General Hospital met recently with the president, Miss Gertrude Crosby, in the chair. Considerable important business was transacted. Miss G. E. Strumm, superintendent of nurses at the Victoria General Hospital, has recently returned after an absence of several weeks. A central registry for nurses has been established by Mrs. E. M. Haliburton, of Halifax. It is felt that this registry will fill a long felt need in our city.

HALIFAX: Results of the fall examinations for registration in Nova Scotia were recently published and out of a total of fifty-six, forty-seven were successful. First place was won by Mrs. Grace Burton, of Springhill, a graduate of All Saints Hospital; Miss Dorothy Gill and Miss Margaret Somers, graduates of Victoria General Hospital, tied for second place, while Miss Willa Matatall, also a graduate of Victoria General Hospital, won third place. Two male nurses were included in the list.

ONTARIO

DEPARTMENT OF HEALTH: Miss Margaret Harrison has resigned her position as public health nurse in Penetanguishene and is leaving early in the New Year for London, England, to be married. Miss Harrison is a graduate of the School of Nursing of the Toronto General Hospital (1932), and of the course in public health nursing, University of Toronto. Miss Irene McGurk resigned her position as public health nurse in York township recently and was married on December 28, 1935, to Mr. Walter Dunbar. They will reside in Schreiber. Miss Oweita Clark, a graduate of the School of Nursing of the Toronto General Hospital (1926) and of the course in public health nursing, University of Toronto, has been appointed school nurse in Cornwall to succeed her sister, Miss Evelyn Clark, who was recently married.

We regret to announce the death in December, 1935, of Miss Minnie Pegg, who has been for a number of years engaged in school nursing work in Wentworth County. Miss Pegg took a keen interest in school health services and was president of the school health section of the Ontario Educational Association in 1932. Miss Gladys Motley, a graduate of the School of Nursing of St. Catharines General Hospital (1927), and of the public health nursing course, University of Toronto, has resigned her position as public health nurse in Haileybury and will continue the work in Wentworth County which Miss Pegg had been carrying on so capably.

DISTRICTS 2 AND 3

BRANTFORD: At a recent meeting of the Alumnae Association of the Brantford General Hospital the speaker of the evening, Rev. G. D. Johnston, gave an interesting talk on affairs in Ethiopia during the present crisis. Miss Edith Read (B.G.H., 1934) is spending a short time at the Toronto Free Hospital. Miss Aileen Mair. Mrs. H. B. Cauvett and Miss Florence Westbrook were recent visitors. Prior to her marriage Miss Eleanor Marshall was entertained by Mrs. R. W. Knight, at a kitchen shower, Miss Velma Buckwell, at a class re-

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union, the staff nurses (B.G.H.) at a linen shower.

MARRIED: On Jan. 1, 1936, Miss Eleanor B. Marshall (B.G.H., 1931) to Mr. Gordon Cottrill.

MARRIED: On Jan. 4, 1936, Miss Janet M. Preston (B.G.H., 1934) to Mr. John Howie.

SIMCOE: During the Christmas holidays the staff nurses of the Norfolk General Hospital held an enjoyable party. Gifts were bestowed on all from the beautifully decorated tree.

WOODSTOCK: Miss Edna Down, missionary on furlough from India, addressed a recent meeting of the Alumnae Association of the Woodstock General Hospital on her work in India.

MARRIED: On Oct. 23, 1935, Miss Winnifred Young (W.G.H., 1925) to Mr. Thomas B. Little.

DISTRICT 5

TORONTO WESTERN HOSPITAL: MARRIED: On December 28, 1935, Miss Caroline Louise Blakeman (T.W.H., 1933) to Mr. Charles E. Morton.

MARRIED: In December, 1935, Miss Beryl Sinden (T.W.H., 1931) to Mr. Robert Weir Erwood.

DISTRICT 9

GRAVENHURST: At a recent meeting of the local Chapter, Dr. Hazlewood gave an interesting talk on artificial pneumo-thorax. An instructive paper on "Early Origins of medicine" was read by Miss Bird.

HAILEYBURY: A meeting of the Haileybury, Cobalt, New Liskeard Chapter, R.N.A.O. was held recently in the Misericordia Hospital, Haileybury, when Dr. Atkinson gave an interesting talk on pre-natal care.

NORTH BAY: A meeting of the local Chapter R.N.A.O. was held recently at St. Joseph's Hospital. A representative of the Mead

Johnson Company showed a motion picture on pediatric nursing which was instructive. By invitation of the local medical association, the nurses were shown pictures of surgery; these were very detailed, covering diagnosis and surgery in vomiting of infants, and breast surgery. Miss Jean Parks gave a paper on "Registries."

SAULT STE. MARIE: Miss Lillian Goatbe was again elected president of the General Hospital Alumnae Association at the recent annual meeting. The other officers are: First vice-president, Miss Virginia Cameron; secretary-treasurer, Miss Alma O'Connor; press secretary, Miss Laura Hehm; private duty convener, Miss Mary Delaney; finance convener, Miss J. E. Gingras. The association intends to furnish a room in the hospital, and the members hope that the furniture will soon be purchased.

SAULT STE. MARIE: The December meeting of the Soo Chapter, District 9, R.N.A.O., proved to be an interesting one and was held at the Plummer Memorial Hospital. Miss Bertha Miller gave an excellent paper on her public health work, which was followed by a round-table discussion of the obstetrical paper given at the November registration examination.

TIMMINS CHAPTER: The Chapter is subscribing for *The Canadian Nurse* and the *American Journal of Nursing*; these magazines are for the use of the nurses at the Hospital. Miss Pennock, provincial supervisor of public health nursing, recently gave an interesting talk referring to the early history of public health nursing, its programme, the work to be covered, and the qualifications and standards required for a perfect public health nurse.

QUEBEC

MONTREAL: Children's Memorial Hospital: Miss Hilda Nuttall (C.M.H., 1927) has been

appointed medical supervisor at the Children's Memorial Hospital.

MARRIED: On Dec. 21, 1935, Miss Marjorie MacCallum (C.M.H., 1933) to Mr. Rudolph Illi.

SASKATCHEWAN

REGINA: A successful refresher course, organized under the auspices of the nursing education section of the Regina branch of the Saskatchewan Registered Nurses Association, was held from January 22 to 24 inclusive. At the opening session, an introductory address was given by the chairman, Miss A. F. Lawrie. Subsequently, addresses were given by the following speakers: Dr. J. W. Hedley, "Psychology"; Miss Ruby Simpson, president of the Canadian Nurses Association, "Associations of nurses"; Dr. R. C. Riley, "Treatment of cancer"; Dr. C. M. Henry, "Radium in the treatment of cancer"; Miss G. Thomson, "Nursing care in cancer"; Dr. O. E. Rothwell, "Hyperthermia treatment"; Dr. C. H. Ramsey, "Apparatus used in hyperthermia treatment"; Miss A. F. Lawrie, "Production and transportation of drugs"; Dr. D. C. Hart, "Drug review"; Dr. B. C. Leech, "Newer types of anaesthesia"; Dr. J. B. Ritchie, "Nursing in the South Sea Islands". Miss C. Curry, of the Regina branch of the Victorian Order of Nurses, gave a demonstration of maternal care in the home and a round-table was conducted for private duty nurses by Miss H. Wills at which the main topic of discussion was "The dawning of a new era." An outstanding feature of the course was a luncheon meeting when the guest speaker was Miss E. Smith, of Moose Jaw, who recently completed the course given under the auspices of the Nightingale Memorial Foundation; her topic was "Experiences in Europe." A delightful social event took the form of an afternoon tea, given at the Regina General Hospital.

SASKATOON: Miss Christine Murray, who recently took the course given at Bedford College, London, under the auspices of the Nightingale International Foundation, gave an address at a recent meeting of the City Hospital Alumnae Association.

MARRIED: Recently, Miss Clara Edna Bird (S.C.H., 1931) to Mr. G. L. Davey.

MARRIED: On Jan. 1, 1936, Miss Essie Gwendolyn Jones (S.C.H., 1932) to Mr. John Cuthbert Gibson.

MARRIED: On Dec. 31, 1935, Miss Alice Lillian Melsness to Mr. James Henry Hamlyn Jackson.

MARRIED: On Dec. 14, 1935, Miss Grace Eileen Shannon (S.C.H., 1928) to Mr. John Calvin Colclough.

FEBRUARY, 1936

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OVERSEAS NURSING SISTERS ASSOCIATION

VICTORIA: The Victoria Unit of the Overseas Nursing Sisters Association held their annual tea and meeting on Armistice afternoon. There were twenty-eight Sisters present and it was decided to form a Sisters' branch of the Legion. Among those attending were: Miss T. Bradshaw, Miss M. Bentham, Miss A. Benvie, Mrs. Cave, Mrs. J. Dewar, Mrs. E. Dixon, Mrs. Fletcher, Miss E. Franks, Miss A. Forbes, Mrs. J. Hannay, Mrs. Harper, Miss Hodge, Mrs. J. Gibb, Miss J. Kay, Miss L. Macdonald, Mrs. McCauley, Miss McVitty, Miss Morrison, Mrs. O'Leary, Mrs. Peel, Mrs. Rose, Mrs. Herman Robertson and Miss L. Rose, Mrs. C. E. Thompson, Mrs. Towill, Mrs. Walker, Miss A. Williams and Mrs. R.

C. Thompson. The officers for 1936 are: President, Miss J. Kay; vice-president, Miss L. Rose; secretary-treasurer, Miss A. Forbes.

WINDSOR: The Windsor Unit of the Overseas Nursing Sisters Association held its annual Armistice dinner on Nov. 15 with a good attendance. Prior to dinner a two-minute silence was observed in memory of those Nursing Sisters who gave their lives in the Great War. Mrs. E. C. Windelar (Jane Johnstone), our president, proposed the toast to "The King," and it was decided that the secretary-treasurer, Miss Nellie Gerard, should send cigarettes to all sick returned men in hospital. After the business meeting the members enjoyed a game of bridge.



OBITUARY

McBRIDE—The death occurred, in Vancouver, B.C., on New Year's Day, 1936, of Elizabeth McBride, a graduate of the School of Nursing of the Winnipeg General Hospital. Subsequent to graduation, Miss McBride served as superintendent of the Michel Hospital in the Crow's Nest district of British Columbia. After twelve years of devoted service she went to Honolulu, where she was associated with the Government Hospital. About eight years ago she retired, and since that time made her home in Vancouver. Miss McBride will be remembered by all who knew her not only as a skilled nurse and able administrator, but also as the possessor of a delightful and unflinching sense of humour. A number of her nursing colleagues attended her interment in Mountain View cemetery.

McCRADY — The death occurred at Lyn, near Brockville, Ontario, on December 12,

1935, of Mrs. J. McCrady, formerly Nursing Sister Grace Bell Billings, a graduate of the School of Nursing, Brockville General Hospital, who went to France with number seven, Canadian General Hospital (Queen's University) and remained with the Unit till 1919 excepting for a short period when she was with a casualty clearing station in Belgium.

PEGG—The death occurred recently of Miss Minnie Pegg, a graduate of the School of Nursing of the Hamilton General Hospital. She was a devoted and energetic member of her Alumnae Association and her loss is keenly felt. Miss Pegg was for a number of years engaged in school nursing work in Wentworth County, Ont. She took a keen interest in school health services and, in 1932, served as president of the school health section of the Ontario Educational Association.

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Prince Edward Island Registered Nurses Association

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

ALBERTA

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Medicine Hat Graduate Nurses Association

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Nelson Graduate Nurses Association

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Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

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QUEBEC

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

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No. 3

A WORD OF COUNSEL

G. STEWART CAMERON, M.D., Chairman, Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association

I have read with much interest an editorial entitled "Seeking new light," which appeared in the December number of *The Canadian Nurse*, and I cannot refrain from saying a word or two about it. The excerpt to which I refer reads as follows:

"A physician who is a friendly but keen critic of nurses and nursing attended an annual meeting of one of our Provincial Associations not long ago. At its close he remarked that while he had heard much of the *organization of nurses* for one purpose or another he had heard little or nothing of the *practice of nursing*. 'They talked about education,' he said, 'and about economic conditions and professional standards, but never said a word about the practice of nursing.' This criticism of our Association meetings (if indeed it be a criticism) has also been made by nurses themselves. They complain that they travel long distances, often at considerable expense, only to listen to reports of committees whose activities do not greatly interest them. Prolonged discussions about the revision of the constitution and by-laws leave them cold; what they would like to do is to talk about nursing. In the best sense of the word they want to talk shop; and there is not usually much time for that on the crowded agenda of nursing organizations."

The physician of this editorial represents a considerable number of doctors whose interest is wholly absorbed in the

clinical side of their work. They give little thought to the welfare of the profession in general which, after all, is the welfare of some eight or nine thousand doctors scattered across Canada. Examination of the activities of this large group shows they have made many contacts outside their immediate clientele. Government health services, whether federal, provincial or municipal, are dependent upon the medical and nursing professions for the successful operation of any plan of health activity. In industry of any kind, whether in factory, forest or mine, success depends upon the good health of the operatives, and this in turn depends upon suitable medical and health services. We might continue through all other human activities and show the constant need for medical science in the successful solution of most world problems.

In the short span of fifty or sixty years, we have left behind much of the mystery of a cloistered profession, and have become an indispensable part of our modern civilization. By so doing we have had many problems, not of a scientific or clinical nature, forced upon us. These have to do with the general welfare of our profession. As we are responsible in no small measure for the health of the nation, the nature of our relationship to the State and to other groups becomes increasingly important, because only through harmonious co-operation of all can the best in medical care be assured the citizen. This complexity in our

present-day life will indicate to the average doctor or nurse the necessity for giving adequate attention to the social, educational and economic aspects of their respective professions. It is not suggested that these interests should in any way supersede the clinical and scientific, but rather that they all should be blended so as to make a well-balanced viewpoint, in keeping with present conditions in a rapidly changing world.

My thought in saying this is simply to pass on the experience of my own profession, in our national and provincial associations. There was a time, not so many years ago, when it was difficult to get even a few men to sit down and seriously talk over the problems of the Canadian doctor. Today, after a very searching campaign of education, we find it necessary to keep an efficient organization at work in both the federal and the provincial fields.

I have been brought into rather close association with the nursing situation throughout Canada. I should like, therefore to suggest, that the economic requirements of your profession continue to be emphasized through your *Journal*. In my opinion it is quite right to point out that there are other sources of clinical and academic training available for the nursing profession than its annual provincial and federal meetings. The trend in national medical organizations both in Great Britain and on this continent is to regard the annual meeting, more and more, as a time for a survey of the secular

affairs of the medical world. It is a season when the members meet for relaxation and to enjoy good fellowship. This is gently mixed with a not-too-strenuous scientific programme. On the other hand, the serious consideration of scientific and clinical problems is left to smaller groups representative of the various divisions of medicine. The deliberations and findings of the groups are then suitably published and thus become available for quiet study by those interested.

There is much work to be accomplished by your profession, because of the confusion into which it has fallen. Much of this is due to the transitional period through which you are passing. With the splendid leadership you are enjoying much will be achieved in the years just ahead. The future is brightening.

From what I have said, your readers might be justified in concluding that I was presenting a eulogy of my own profession. God forbid! The defects are too apparent for me to become eulogistic. My attitude is simply this: The nursing profession is an auxiliary of the medical profession. Such being the case, we must be sincerely sympathetic and helpful in all reasonable aspirations of the junior profession. In this sense, and in this sense only, do I offer the experience of my own group. To secure to the public the best in medical care should be our constant objective. To accomplish this there must continue to be a broadening sympathy with and an intelligent understanding of the aims of each.



ULTRA VIOLET RADIATION IN ERYSIPELAS

E. M. FORREST, Reg. N., Supervisor, Isolation Unit, The Vancouver General Hospital.

Some four and a half years ago, in the infectious diseases department of the Vancouver General Hospital, the treatment of erysipelas, by ultra violet radiation, sometimes referred to as quartz light, was introduced, replacing almost entirely the former method of various local applications. Since then, about two hundred cases have been treated with almost a hundred per cent efficacy. Only those acquainted with the former methods of treatment with ichthyol, magnesium sulphate, or ergot, can understand what a boon the quartz light treatment is to the patients and the nurses caring for them. The use of serum, with its excessive cost and uncertain therapeutic value, has now been replaced by ultra violet radiation. One has only to conjure up a picture of a patient smeared with ichthyol—the cure being almost worse than the disease—the discomfort of the patient and the devastation of bed linen, or, again, the magnesium sulphate compresses involving the almost impossible task of keeping them moist, instead of dry and stiff, while maintaining the surrounding bedding in a proper condition, to place a proper value upon the present method of treatment.

Quartz light is simple, clean, comfortable, inexpensive and successful, and seldom does a patient return with a secondary attack, as so often occurred previous to its use. The length of stay in hospital is materially reduced, thus lessening expense and releasing much-needed beds. The average hospitalization of the two hundred cases is five days, and this five-day period includes forty-eight hours free from fever, in the convalescent stage.

The treatments are under the direct supervision of the physician in charge of the physiotherapy department, although several members of his staff have been taught to operate the lamp. The dosage—the distance of the lamp from the af-

fected area—is essentially “a doctor’s order,” the dosage depending to some extent upon the nature of the skin—a dark skin requiring a longer exposure than a fair one, and an Oriental a considerably longer time than the dark-skinned white person. The first treatment is usually two to two and a half minutes for fair skinned persons, while an Oriental would be given from six to eight minutes. During the treatment, the patient must close the eyes, if they are not already closed by the disease should the infected area be on the face. The lids are given less radiation than the rest of the face, usually about one-half, and are protected during the latter half of the treatment by covering them with a paper napkin or absorbent cotton.

The first treatment may be, but seldom is, followed by a rise in temperature—the only constitutional symptom which is produced—while the local reaction will be an increased redness and slight burning sensation, as of sunburn. Often, one treatment will suffice and very rarely are more than two required. In cases where a third exposure is necessary it is usually due to a spread of the disease, thus constituting a new area. Within the twenty-four hours immediately following the initial treatment a definite improvement is usually shown: there is a drop in temperature, and an abatement of local symptoms, characterized by less inflammation, less swelling, less discomfort.

The second treatment, if ordered, is given the second or third day, and then, following two or three days of convalescence and observation, the patient is ready for discharge. During the treatment period there must be no applications of any kind to the affected area, but once the treatments are finished and the skin becomes dry and desquamating, vaseline or cold cream may be used as required for comfort.

A nurse's appraisal of quartz light treatment for erysipelas, may be summed up as follows:

The almost perfect therapeutic value. Comfort to the patient, and indirectly comfort to the nurse in carrying out the procedure.

The low cost—about ten cents per treatment if given on the ward, or fifty cents in the physiotherapy department, where it is given by specially trained personnel.

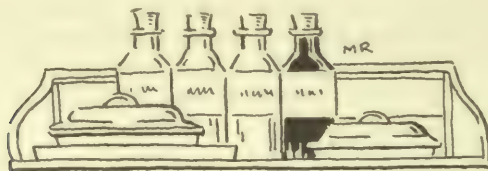
Shortened hospitalization.

No destruction of bed linen.

In the treatments as given at the Vancouver General Hospital an air-cooled lamp has been used exclusively, and, mounted on a hand cart, it is easily transferred from one patient to another. Contamination does not occur, as no part of the lamp or cord touches the patient, the cord simply being plugged into the wall socket. The care of the lamp consists of

keeping the burner clean. This is done each morning by wiping the tube with a swab dampened with alcohol, and allowing the tube to dry before using. Nurses are also impressed with the importance of knowing and correctly reading the polarity, as an incorrect polarity destroys the tube almost instantaneously, and replacement is an expensive item.

It might be of interest in connection with this article to quote the following extracts from our lectures on light-therapy: "Therapeutically, ultra violet rays destroy germs in two ways: (1) by direct exposure of the germs to the ray—this, however, is not the most important method, as many of the germs cannot be directly exposed; (2) by the local tissue reaction, which plays a large part in germ destruction."



NEWS OF THE CAMPAIGN

The general plan of campaign for increased circulation of *The Canadian Nurse*, sponsored by the president and the executive committee of the Canadian Nurses Association, was admirably summarized in the president's article, entitled, "A call to action," which appeared in the November issue of the *Journal*. Since that time the president of each Provincial Association of Registered Nurses has taken active steps to initiate the campaign within their respective borders but, because all the provinces did not get under way at exactly the same time it would not be fair to make invidious comparisons at this stage. We can, therefore, only refer to the splendid work already done in the three Prairie Provinces. At the time of

writing this is the record:

Manitoba: a gain of 93 per cent.

Saskatchewan: a gain of 91 per cent.

Alberta: a gain of 40 per cent.

Of course, this was to be expected when one remembers that two of the Prairie Provinces feel that the president of the Canadian Nurses Association belongs in a very special sense to them. Furthermore, anyone who knows the Province of Alberta is aware that she is in the habit of "keeping her light a-shining a little ahead of the next."

Next month we shall have some exciting news about the Province of Ontario — and there are stirrings elsewhere which cannot be revealed just now.

THE EDITOR'S DESK

A Word of Counsel

Our leading article, entitled "A word of counsel," is written by Dr. Stewart Cameron, chairman of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. From 1927 until the present time Dr. Cameron has been closely associated with nursing affairs in this country. He was chairman of the original joint committee under whose auspices the Survey of Nursing Education in Canada was undertaken and it was he who wrote the foreword to Dr. Weir's classic report upon which we now base our projects for the future. Dr. Cameron counsels us to do two things: first, to pay careful attention to the economic principles upon which the practice of nursing is based and, second, to keep in close touch with what the medical profession is thinking and doing along parallel lines. The lesson we must learn is this: the business sessions of our national and provincial associations must be so organized that they permit of free discussion and all who attend them must inform themselves concerning the major issues which are at stake. Especially does this statement apply to official delegates. During the coming months, the *Journal* is planning to publish articles which will be helpful in providing a general background of reliable information. We hope that these will be useful not only to those who attend in person, our national and provincial meetings, but also to those who are present only by proxy.

Readers' Guide

This month we present the first of three articles dealing with the history, organization and development of the Victorian Order of Nurses for Canada. Every one of us feels that the Order sheds lustre on professional nursing in this country and is, in a sense, a national possession. We are indebted to its chief

superintendent, Miss Elizabeth Smellie, C.B.E., for allowing Miss Creasy to prepare this series for our readers. Δ In the preceding paragraph we said that articles dealing, in a general way, with the major issues to be discussed at the forthcoming Biennial Meeting would appear in the *Journal*. The first of these is Miss Lyda Anderson's masterly address on the community nursing service bureau, delivered at the recent annual meeting of the Association of Registered Nurses of the Province of Quebec. Miss Anderson is no theorist; her knowledge is enriched by actual experience. She has promised a second article in which she will discuss the details of organization. Δ Miss E. M. Forrest gives encouraging news concerning the new treatment of erysipelas — a disease in which the nursing care was once both difficult and unsatisfactory. Δ In "News of the campaign" we sing the praises of the Prairie Provinces. They have set the others a shining mark to shoot at. Δ Under the caption of correspondence, Mrs. F. V. Kennedy takes issue with the philosophy that nurses may claim "the right to live." Δ Miss Kathleen Russell gives a clear outline of the progress being made in the most important experiment in nursing education which has ever been made in Canada. Δ Miss E. Frances Upton presents evidence of progress in Quebec and, in addition, a vivid picture of what may be accomplished by a competent school visitor. Δ Miss Fairley, in her capacity as chairman of the Nightingale Memorial Committee of the Canadian Nurses Association, reminds us of our obligation to fulfil a pledge. Δ In "Notes from the National Office" the executive secretary of the Canadian Nurses Association tells of important meetings which are to take place in Vancouver concurrently with the General Meeting.

Correspondence

Life Offered Up?

These days most of us have plenty of time for thinking and when I read the letter entitled "The right to live" in the February issue of the *Journal*, I suddenly got an urge to reply.

That letter to me seems just one more cry of the modern nurse for her individual life and her own interests apart from her profession. As you say in your editorial, it is provocative and its plaint finds an echo in most nurses' hearts today. But here is a question: Most of us, if we are honest with ourselves, admit that the modern nurse,—well trained, well educated, efficient to the last degree, lacks something that nurses trained under Florence Nightingale and by her nurses for many years following, decidedly had — something of wholehearted, selfless devotion to nursing as lifework that inspired respect from all those who came in contact with them, and love from those who came under their care. These women did not take up nursing as a means of livelihood whereby they could do a certain definite number of hours' work and thereby earn the wherewithal to enjoy a "comfortable little home" and an interesting life outside their professional duties. Most of them gave up such a home and life to enter the profession and took up nursing as a self-sacrificing career, to spend themselves in the service of the sick and unfortunate. They wanted really to give themselves to that service. Even today we find that spirit surviving in some of the Sisters in charge in the wards of our great English hospitals and in some of our Canadian matrons and also in the nurses in our outpost nursing areas. But my question remains: have we not lost our way and come to regard nursing too much as a means of livelihood and not as a dedication of oneself to the relief of the sick and suffering? The fact that, even in writing that question, it seems old-fashioned and Victorian is answer enough. Eight-hour duty, Sundays off, normal cultural life, good salaries—they are desirable, I freely admit, but in fighting for these things haven't we lost the deeper meaning of nursing, nursing done as religious sisterhoods did it — to the glory of God and for love of service to our fellowmen? *People today do not respect nurses because they are nurses. Why?*

Archaic and Victorian ideas? Perhaps. Yet in other lines of thought we are coming to admit that our fathers had a few ideas worth while; maybe the old ideal of nursing was one of them. We are trying to raise a great mem-

orial to Florence Nightingale; if we could bring back some of her spirit of self-sacrificing devotion into our modern nursing world might it not be a finer memorial to her than any made of stone and the work of men's hands?

If you think I have let my typewriter run away with me, forgive me. *The Canadian Nurse* does try to help us keep our ideals and make us think, so she must blame herself if she is snowed under with letters. In the meantime, thanks for Miss Hersey's portrait. I recently heard her speak over the radio and enjoyed it very much.

F. V. KENNEDY,
Calgary, Alta.

Marriage — and Nursing

Soon after graduation I deserted the nursing profession for that of matrimony, and in truth my training has been a God-send to me in these twelve years of raising a family. Our own little daughter came into the world too soon and was ordered into an incubator. Perhaps my "infant" training made me overconfident but I chose to take the child home and administer the necessary care; today she is a perfect specimen of childhood, twelve years of age. But I am frequently provoked to wrath when I hear someone say: "What is the advantage in training as a nurse and then getting married?"

With the loosening of home ties during the last few years, my interest in the realm of nursing again quickened — for I missed the associations and the feeling of being a part of a great movement forever forging ahead with new and modern methods, developments, and discoveries. It was just at this time that the Victorian Order of Nurses was instituting a branch in York township, the suburb in which we reside, and which has a population of some seventy-five thousand. I somehow became involved in the organizing of the branch, and subsequently became so inspired by the growth of the work and the dire need for such a service in our municipality that I have been closely associated with the development and expansion of the work since it began some two years ago. Association with members of the National Council and with Miss Smellie in particular has afforded us all great stimulus as well as much personal pleasure and happiness. The Order is indeed a splendid one, which is making an increasingly great contribution to the health-life of our country.

I am a subscriber to *The Canadian Nurse*, and never miss a detail of the interesting and valuable materials it provides for its readers.

EDITH F. NAYLOR, Toronto.

Department of Nursing Education

THE NEW SCHOOL CARRIES ON

KATHLEEN RUSSELL, Director of the School of Nursing of the University of Toronto

Once again, as so often in the past, the broad wings of the Toronto General Hospital are being stretched wide to give shelter to a fledgling effort, and this occasion is one that should be of particular interest to our alumnae association for the reason that it is an effort on behalf of nursing, namely, the new school of nursing of the University of Toronto.

It is common knowledge that our nursing schools, as formal institutions, have had practically all of their growth within the last fifty years, relatively a short length of time. We all know, too, that during the past twenty years the task of trying to make these schools actually such, in fact as well as in name, has presented such acute problems that all concerned — nursing school officials, hospital trustees, pupils of the school and even the hospital patients — all have shown unhappy symptoms of the strain. All have hoped for a path which would lead out of the impasse at which we seem to have arrived: the conflict between hospital needs and school needs. There has been rather general agreement, at least among nurses, that nursing schools will not have reasonable opportunity to do their work until such time as they are placed in a financial position which leaves them independent of the hospital exchequer, and, correspondingly, until such time as the hospital shall provide for its nursing service in the same businesslike fashion in which it provides for all other services. This would be, we believe, not more costly but certainly a more logical arrangement.

Now, through a combination of fortunate circumstances, an opportunity has

been given in Toronto to test the possibilities of a small school which has this financial independence. A group of sponsors has made this possible: the University has agreed to give shelter and administrative guidance as well as certain teaching, the Rockefeller Foundation has provided enough financial backing and certain Toronto hospitals have opened their wards for training purposes. With this opportunity, a school for nurses has been formed in which the pupils are only pupils, the teachers are only teachers and the school carries no responsibility beyond its pupils and its curriculum; that is to say, a school that resembles other schools.

The purpose of this school can be stated very briefly: it is to find out what can be done in a nursing school which operates under controlled conditions. The key to the control of the situation lies in the fact that the pupil in this school is paying her way throughout the three years; she pays for her living, her tuition fees and for the cost of uniforms and books. The only exception to this general rule occurs during the period spent at the tuberculosis and the isolation hospitals.

So much for general principles and explanations. Now, probably, our readers will be more interested in hearing certain details and this with some local colour. The school occupies the old University building at Queen's Park, formerly called Queen's Hall. This can be reached by a short path which opens almost directly opposite the main entrance of the General Hospital; in fact, it is nearer the hospital than the old residences that the hospital formerly used at 4 Queen's Park and 66 College Street. This school building at Queen's Park serves for both residential

(With the kind permission of the author and of *The Quarterly*, published by the Alumnae Association of the School for Nurses of the Toronto General Hospital, the *Journal* is privileged to re-print this article.)

and school purposes and contains offices, class-room, library, dining room and common rooms, and bedrooms for a limited number.

The school offers courses of study to graduate nurses as well as this new undergraduate training in nursing. Each year graduate nurses, between forty and fifty in number, assemble for study, the total number dividing itself into two groups, the one preparing for public health work, and the other for hospital and nursing-school staff work. These graduate students use the house very freely except for the fact that few can be given bedrooms because of the limited number available. But the dining room, library and common rooms are open to all and are used freely; thus a good deal of social life is shared by all.

The new undergraduate course in nursing is three years in length; to be exact, it is being extended now to thirty-eight months. Only one class is enrolled each year and the yearly enrolment is limited to ten students with a possible eleventh for a safe margin. The class enters late in September and the students must live in residence throughout, with the exception of a few months, when Toronto residents (no others) may live in their own homes. Senior matriculation is the minimum academic requirement and nineteen years is the minimum age requirement. Five hundred dollars per year will probably cover the total cost for each student, of board, tuition, books and uniforms.

The purpose of the school has been stated very broadly above and might be elaborated into the following detail of intent at the present moment:

1. To give a general training in nursing, which will include preparation for both hospital nursing and public health nursing. The successful student will receive, at the end of the undergraduate course of thirty-eight months, a double qualification: she will be eligible for registration

as a graduate nurse and this will include qualification for public health work. The two aspects of the preparation, curative and preventive, are interwoven continuously throughout the entire course.

2. To have the students in this school lead the normal life of young students in other professional schools. In other words to have control of living and working conditions so that there is reasonable possibility for their participation in the general affairs of every-day life.

3. To maintain teaching at all times throughout the practical training, even on night duty.

4. To simplify the curriculum by efforts such as the following:

- (a) A thorough, though brief, foundation of class-room study, the subject matter being taught only by those who speak with authority.

- (b) After this introduction, to give, during all periods, only that teaching which coincides with the practical experience of the period and to emphasize clinical rather than class-room teaching.

- (c) To simplify and co-ordinate all the teaching being given at any one time.

In addition to the Toronto General Hospital, four other hospitals have opened their wards to the school; these are the Children's, the Psychiatric and the Isolation of Toronto and the Tuberculosis Hospital at Weston. Training for periods of two or three months is given in all of these, but the students continue to live at their own school throughout the three years except for the two months at Weston and the two months at the Isolation Hospital. The arrangement of hours makes it possible for all in residence, with a few infrequent exceptions, to be free for dinner in the evening. This is the most formal meal of the day and special care is taken to give a quiet, restful type of service. To those who live with this student group, it appears that one of the best things in the day is the gathering that takes place in the common room after dinner. Here, for at least a few moments, students and staff all meet to-

gether for coffee, and the spirit of the school gathers strength.

The organized field of public health as well as those in charge of the health teaching and health services of the University are giving valuable aid to the school. With the facilities that are being opened up so freely to these young students, it is hoped that a strong, well-prepared graduate will be ready to pick up the work which the public health administrator is so anxious to place in her hands.

In conclusion there are four things to emphasize. First, this work is purely experimental: no claim is being asserted beyond the need to find out what can and what should be done; second, that these findings can only have value if the conditions during the experiment are rigidly

controlled — and this control is not yet fully established; thirdly, that this school is an answer to an oft-voiced request from the older schools for changed financial conditions; and therefore — fourthly — that success should mean help to Ontario nurses as a whole. The success or failure of this little school, as one school, is a matter of almost no importance; its success or failure as a laboratory for the nurses of Ontario is a matter of concern to all. The connection with the school of the Toronto General Hospital is very close, and many members of our alumnae association are helping at the hospital, as well as in the public health organizations of Toronto and the province, to give full opportunity to this piece of experimental work.

REPORT OF A SCHOOL VISITOR

E. FRANCES UPTON, Reg. N., Executive Secretary-Registrar; Official School Visitor for the Association of Registered Nurses of the Province of Quebec

In my report as official school visitor, presented last year, I was able to record increased co-operation on the part of the hospital administrators in our province with our aims regarding the preparation of students in our schools for their future responsibilities. My report showed that twenty hospitals in the province provided for their patients the services of a staff of registered nurses, the total number thereby employed being 225. This year it gives me pleasure to say that not only has this quality of service in these hospitals been maintained but that the total increase in the registered nurse personnel of the combined list of hospitals including those which have schools of nursing, amounts to 235. In other words, during 1934, there were 1,234 registered nurses

employed in our hospitals and in 1935 the number was increased to 1,469, this number including those nurses on duty in private hospitals in Montreal, where thanks to a city by-law demanding that any institution operating for the care of the sick, must supply to its patients, the protection afforded through the services of "at least one registered nurse."

There are thirty-six general hospitals in our province conducting schools for nurses, thirty-one of which exceed the minimum requirements, and are classed as approved schools. We have five hospitals conducting special courses in obstetrics, gynaecology, pediatrics, orthopedics and communicable diseases for affiliated and post-graduate students, while two general hospitals also provide

experience in pediatrics to the same two groups of students. The total number of approved schools, including general and special, is therefore thirty-six.

Public Health Affiliations

It is encouraging to note that the affiliations arranged during the past two years with various public health organizations have, in every instance, been maintained and opportunities for this most valuable type of experience is on the increase. The number of our schools demonstrating an interest in the project is most gratifying and the co-operation being extended by the health organizations keenly appreciated.

School Visits

Thirty official visits were made during the year to twenty-eight schools in the province, one of which was visited twice, and to the King Edward VII Memorial Hospital in Bermuda, the students from which school spend fifteen months in affiliation with Montreal hospitals. It has been a keen disappointment to me not to have been able to visit all our schools during the year, ever-increasing duties requiring my presence in the office having prevented me from so doing.

On December 31, 1935, my sixth year as official school visitor was completed, and it is with no small amount of pride that I feel I am now sufficiently familiar with our schools to be justified in recording the following:

In an effort to comply with the present day requirements in nursing education and to assist in alleviating the unemployment situation among our nurses, the following hospitals closed their schools:

Verdun Protestant Hospital, in 1930.

All students withdrawn from the Western Division of the Montreal General Hospital in 1932.

Children's Memorial Hospital, in 1933.

Hôpital Normand & Cross, Three Rivers, in 1934.

Lachine General Hospital, in 1934.

Hôpital St. Michel, Buckingham, in 1935.

Teaching equipment in all our schools now includes excellent class-rooms, well equipped

demonstration rooms, libraries that are steadily developing, and where proper science and dietetic laboratories are not available, temporary substitutes are found.

Every school now provides at least one full-time instructor, the numbers increasing with the size of the student group.

Staff education both within the hospitals and without, has become a reality, and the number of supervisors of departments and wards who endeavour to improve their qualifications for service is increasing yearly. It is true that we occasionally encounter some one among us who objects to furthering her education on the ground that nursing salaries of to-day are not commensurate with the preparation which the profession is exacting of its members, but even these conscientious objectors are occasionally convinced that it pays to be better equipped.

Where modern residences are not provided, we find a greater interest being demonstrated in the housing of students, and a great deal has been and is being done, to make them more comfortable and happy. The general health and well-being of students in all schools are being given more attention, and we now find well-kept records of annual physical examinations, X-ray of chests and all the other modern methods of ascertaining the true physical and mental condition of these young people.

Many of our schools have definitely set matriculation standard of admission, while during the past two years the minimum educational requirement in the others has been "three years high school".

With regard to the curriculum, much can be said in favour of those schools which have the advantages accruing through close contact with our universities, Quebec City and Montreal being specially fortunate. Our schools are all looking forward with anticipation, however, to the next biennial meeting of our National Association, when the proposed curriculum for Canadian schools will be presented.

In closing may I be forgiven if, after showing how well we are getting along, I point out some of our weaknesses, and in this I trust I will not be misunderstood for my remarks can be applied in a general way and have no specific references.

We are not, as a group, paying sufficient attention to the recommendations contained in the Survey Report. If we really are interested in improving nursing service we must improve the type of preparation being given to our students, and the Survey points the way.

We still find too many square pegs in round holes; greater care in the selection of nursing personnel is essential.

We fail in our duty when we neglect to see to it that every student receives a modern course in pediatrics, which includes knowledge of and experience with the normal well child.

Our course in dietetics still continues to be the weakest point in our curriculum.

It is regrettable that so many of our nurses are permitted to graduate without having completed the special courses in communicable diseases which are available for them.

Finally, may I give you a quotation from the splendid address recently given

to an open meeting of the private duty section of the Registered Nurses of Ontario by Dr. John R. Parry, which appears in *The Canadian Nurse*, under the caption "How you may best serve to-day": "As to the future, your aim must be to continually raise the standards of the profession, so as to be always in advance of a constantly rising level of general education." We would do well to keep this advice before us and to realize all that it implies for we have entered upon a new age.

Comparative Statistics

	1933	1934	1935
Number of students in approved schools	1765	1614	1563
Number registered nurses in all hospitals, including schools	907	1234	1469
Estimated number of nurses graduating from approved schools during 1936 is			478
A decrease is therefore shown in enrolment of students and an increase in the number of graduates employed in hospitals.			
Number of approved schools of the province providing special courses to their students through affiliation with organized special hospitals			28
Number of students from Quebec schools who completed affiliated courses in 1935			350
Number of schools outside Province of Quebec affiliated for our special courses			12
Number of students from these schools who completed these courses in 1935			70
Number of post-graduate students who completed courses in Quebec hospitals in 1935			120



WHAT ONE ASSOCIATION HAS DONE

For several years the Alumnae Association of the School of Nursing of the Hamilton General Hospital has lent its loyal and unwavering support to *The Canadian Nurse*. Even during the depths of the depression its members, one and all, subscribed for the *Journal* when they paid their annual dues. They paid the full price too, and asked for no special consideration.

A few days ago, their check came in a little ahead of time. With it came, as usual, a clearly legible list of names and addresses,

written in longhand by a busy nurse, Miss Gladys Coulthart, who, like her predecessors in office, spares neither time nor trouble but makes a thorough job of it.

Nothing is ever said by the officers and members of the association about the ungrudging effort and real sacrifice which makes this contribution possible, but we want to say here that we both understand and appreciate it. *The Canadian Nurse* offers to the association its sincere and grateful thanks to all who through the years have lent a hand.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee
of the Canadian Nurses Association

In the November issue of the *News Bulletin* published by the International Council of Nurses, the objects of the Foundation are given thus: "to establish and maintain a permanent international memorial to Florence Nightingale in the form of an endowed trust for post-graduate nursing education." Canadian nurses, along with members of the profession from the other countries of the world, are now building such a foundation, but unfortunately it has been rather uphill work. So far, only one-third of this year's quota has been received. A letter has gone out to the provincial conveners urging that each province will make a similar donation to that of 1935; if this is done, then our obligation for this year will be met. It is sincerely hoped that by the time the Canadian Nurses Association meets in Vancouver in June, the president will be able to announce, with pride, that \$2,500.00, the amount required for both scholarship and endowment fund, has been subscribed for the year 1936.

Additional Contributions

Additional contributions to the Florence

Nightingale Memorial Fund have been received as follows:

British Columbia

Overseas Nurses Club, Victoria	\$ 3.00
A.A., Royal Jubilee Hospital, Victoria		10.00
A.A., Vancouver General Hospital,		
Vancouver	50.00
Women's Auxiliary, Creston Hospital,		
Creston	5.00
Graduate Nurses Association, Victoria		12.80

Nova Scotia

Valley Branch, Registered Nurses Association of Nova Scotia	5.00
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Ontario

A.A., School of Nursing, University of Toronto	10.00
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Prince Edward Island

Registered Nurses Association of Prince Edward Island	50.00
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Quebec

L'Association des Gardes-Malades Graduées de l'Hôpital Notre Dame, Montréal	5.00
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ANNUAL MEETING OF THE A.R.N.P.Q.

The annual meeting of the Association of Registered Nurses of the Province of Quebec, held on January 29 and 30, proved to be a most interesting occasion. There was an excellent attendance and a programme of outstanding merit. Two distinguished visitors, Miss E. MacP. Dickson of Toronto, and Miss Lyda Anderson of Detroit, both made a most valuable contribution, and in this and succeeding issues of the *Journal* we hope to publish their addresses in full. Miss Marjorie Jenkins presented a brief but challenging paper on nursing education in a changing world and Dr. Gerard Michaud read an excellent address (prepared by Dr. J. A. Couillard, medical director of Lake Edward Sanatorium) on tuberculosis, especially in its relation to nurses and nursing. A delightful break in the formal programme was the address on education and leisure, given in her own inimitable manner by Miss Catherine MacKenzie.

Under the auspices of the Eastern Canada district of the American association of medical

social workers, a most interesting symposium was offered on the principles and practice of medical social work. This included a dramatic sketch entitled "What medical social work meant to the Brown family," which gave a vivid picture of the value of co-ordinating the efforts of physician, nurse and social worker.

In her presidential address, Miss Caroline Barrett outlined the work of the association and indicated some objectives toward which effort should be directed. Miss E. Frances Upton, secretary-registrar of the association, presented a report which showed an increase in membership and other encouraging features. In her dual capacity as official school visitor, Miss Upton gave an account of her activities which proved to be such a clear picture of the benefits to be obtained by competent inspection that it is published in this issue in full.

Most of the sessions held in the daytime were bi-lingual, those in the evening being devoted to addresses by English and French speakers respectively.

Department of Public Health Nursing

THE VICTORIAN ORDER OF NURSES

BEATRICE CREASY, Junior Assistant Superintendent, The Victorian Order of Nurses

The origin and growth of the Victorian Order of Nurses for Canada is interwoven in the history of the development of the country. At the time of its inception, the need for an organized nursing service was acutely felt, and in this and the succeeding articles I will attempt to show the part played by the Order in the development of nursing service in Canada.

At the annual meeting, in 1897, of the National Council of Women the Countess of Aberdeen, wife of the Governor-General of Canada of that time, presided. Two resolutions were read at this meeting, one from the president of the local council in Vancouver asking that nurses be supplied to the outlying districts in the far West and one from the president of the Halifax local council asking that the national council take steps to inaugurate a national nursing service in commemoration of the Diamond Jubilee of Queen Victoria. A provisional committee was appointed to study the matter and, as a result, the Victorian Order of Nurses for Canada was created.

Many historic figures took part in the initial meetings, among them Sir Wilfrid Laurier, Lord Strathcona, Archdeacon Phair of Rupert's Land, Mr. A. E. Forget, commissioner of Indian affairs at Regina, and "Little Bear," an Indian chief. It is largely due to the ability and zeal of Lady Aberdeen, who became the first president of the Order, that in spite of many difficulties and considerable opposition, success attended the venture. Since that time each succeeding Governor-General has extended his patronage.

With tireless energy, Lady Aberdeen toured the country, organizing. She also

secured the services of Dr. Worcester, superintendent of the district nurses training institute at Waltham, Massachusetts, who was a competent and convincing speaker. He addressed large audiences in Ottawa, Toronto and Montreal. On his advice, Miss Charlotte MacLeod of the Waltham Training School became the first chief superintendent.

In a letter dated May 5, 1898, from Florence Nightingale to Lady Aberdeen, Miss Nightingale says: "I do rejoice at the success which has attended your efforts to initiate the plan of establishing trained district nurses in Canada." In December, 1897, a Royal Charter was granted which defined the objects of the Order as follows:

To supply nurses thoroughly trained in hospital and district nursing and subject to one central authority for the nursing of the sick who are otherwise unable to obtain trained nursing in their homes, both in town and country.

To bring local associations for supplying district nurses into association by affiliation with the Order and to give grants or other assistance to such associations.

To maintain, as a first necessity, a high standard of efficiency for all district nursing.

To assist in providing small cottage hospitals or homes.

It is the purpose of voluntary agencies to pioneer and demonstrate the value of certain projects. The Victorian Order, by reason of the elasticity of its organization and the broad philanthropic principles upon which it is founded, has been able to adapt its programme to changing needs and ideals, as will be seen by the variegated pattern of its activities since 1897. As stated in the Charter, it is "a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as the fundamental principle,



LADY ABERDEEN

and developing from it, all forms of education and advisory administrative work that tend to prevent disease and raise the standard of health in the community."

Among the first districts to organize and demonstrate the value of the work were those in Ottawa, Montreal, Toronto, Halifax, Vancouver and Kingston. Although it is now considered inadvisable, it was at that time considered necessary for the nurses to live in "homes." But even then the need for special training in visiting nursing was recognized, and in 1898 candidates were given a six-months' course at the training centres in Montreal, Toronto, Ottawa and Halifax. The public health courses in our universities have since obviated the necessity for this training, though nurses are still, on occasion, given the benefit of periods of supervised experience in the larger centres, notably Montreal.

Continuous staff education is now employed as a means of maintaining high standards. During that earlier period, when there was an insufficiency of trained workers, the Order gave scholarships permitting enrolment in the public health courses given in Universities. These were open to graduate nurses in good standing in return for which each promised to

work for the Order for a period of one year. When these scholarships were no longer necessary the policy was changed to that of assisting staff nurses to take further special training.

At the time the Order was founded, there was a crying need for hospitalization facilities throughout Canada and especially in the sparsely settled areas in the northwest, where a visiting service was impracticable. The Countess of Minto directed her energies toward raising funds to answer this need and from 1898 on, some forty-four cottage hospitals were established. The reports of the work done, notably those of the nurse who assisted Dr. Grenfell in the hospital established at Harrington Harbor, Labrador, read like adventure tales. In time these hospitals were taken over by the local authorities and this phase of the work was discontinued.

Following this period, under Lady Grey's régime, more stress was placed on visiting nursing in country districts. The first service of this kind was organized in the area around Lundbreck, Alberta, where the nurse covered great distances on horseback or by sleigh. With the coming of the official public health nursing organizations and municipal hospitals the Victorian Order withdrew to the larger centres.

The Victorian Order has always tried to meet emergencies. This fact has been exemplified by its response in time of disaster or epidemic. In 1898, four nurses endured the hardships of the trail to the Klondyke, arriving there in the midst of an outbreak of typhoid and remaining for three years. On that fateful day, in December, 1917, when a munition ship blew up in Halifax harbour causing 1,800 deaths and countless casualties, twelve nurses were immediately despatched to Halifax and allotted districts by the military authorities who had assumed control of all available medical and nursing service. In the first year of the Great War,

fifty-two nurses enlisted, and others followed and, for a time, it was difficult to carry on for lack of personnel and funds.

Following the war the Order participated in the modern public health movement, the spirit of which was embodied in a supplementary Charter, issued in 1929, which re-stated the objects of the Order in the following terms:

To establish and maintain visiting nursing services in Canada.

To engage and direct the activities of nurses to undertake the care of the sick in their homes, to demonstrate nursing methods and to aid in the prevention of disease and the maintenance of health.

To assist in training nurses in public health nursing.

To assist in establishing and maintaining the highest possible standard of efficiency in all nursing services.

True to its fine tradition of service the Order has carried on during the years of post-war depression. With greater possibilities for service opening out everywhere, progress is somewhat retarded because of lack of funds and consequent inadequate staff. The service is now available to one-third of the people of Canada but there are still many people who need nursing care and do not receive it. The ultimate purpose of the organization will not be fulfilled until its service is available to every man, woman and child in our broad Dominion.

(To be continued)



NURSES OF THE VICTORIAN ORDER ASSIGNED, IN 1898, TO DUTY IN THE KLONDYKE.

Department of Private Duty Nursing

THE COMMUNITY NURSING BUREAU

LYDA W. ANDERSON, R.N., Director of the Community Nursing Service Bureau of Detroit; Executive Secretary, Detroit District, Michigan, State Nurses Association

This address on the functions of a community nursing service bureau is presented to you as a résumé of our endeavours to establish this central agency in Detroit. We are still watching its evolution, but we hope "the consummation so devoutly to be wished" is not too far in the future. I am sure that I am not bringing to you anything that is new, but your problems and ours have much in common, and it is always of interest and value to talk over, together, the perplexing questions implicated in any change. This time the change is a bit revolutionary in that we are attempting to create, rather suddenly, out of an old and fixed system, belonging to the "horse and buggy age", something which will more adequately conform to present day nursing needs. The phrase: "horse and buggy age," recently coined by President Roosevelt, is likely not as applicable in this country as in the States, where we are so addicted to automobiles. We say in Detroit that the only thing which, to-day, will frighten a horse is to see another horse.

I am sure you find, as we do, baffling situations in bringing about this reorganization of your nurses registries, and the fact that you are introducing this subject into your discussions at this meeting would indicate that you too have found that it needs your immediate attention. To-day it takes precedence in the American Nurses Association over all other tasks, because in this institution of the community nursing bureau, lies the salvation of about sixty per cent of our members who are necessary workers in the community, as well as the removal of

some of the rather stubborn handicaps to progress encountered by the profession as a whole.

First Steps

Our three national organizations (the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing) have this year combined in the appointment of a committee, known as the national committee on community nursing service. Its personnel is made up of nurses representing the several nursing groups, the laity, the medical profession, and others interested. A full-time secretary has been appointed who gives her individual attention to its work and the committee has adopted the following objectives:

To assist communities, upon their request, through consultation and advice, in meeting the need for a planned, related and more complete nursing service.

To stimulate like interest and action in other communities.

The committee, in analyzing community nursing problems, asks:

How much nursing care is needed for different types of situations?

What are the present facilities?

What are the gaps and duplications as shown by the above?

It also believes that meeting community nursing needs involve:

Reducing the number of agencies which distribute nursing services to as few agencies as possible, and providing one co-ordinating agency through which all types of needed nursing service may be obtained.

Establishing an understanding relationship and division of responsibility between the various nursing facilities.

Making a concerted effort to fill in gaps and eliminate duplication.

Establishing, in every community, some type of machinery for supplying nursing service.

We hope that a fund will be created

(An address delivered at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, January 29, 1936.)

to make it possible to carry on experiments on the basis of the conclusions reached from studies already made. Such experiments would probably include in their scope such activities as the following:

Making plans for a central agency, from which all nursing services may be distributed.

Investigating the possibility of economic security for private duty nurses by finding out whether it is possible to bring about an arrangement whereby they may be employed on a salary basis.

Studying a better distribution of nursing services so that adequate, scientific nursing service may be given to all the people—rich and poor—at a cost which can be reasonably met by them in their respective stations in life.

Our re-organization plan for the registries and the establishment of community nursing bureaux on a permanently satisfactory basis will depend largely upon the result of this committee's findings.

Underlying Causes

In analyzing the problem, it may be well to review briefly the conditions which have created a need for this re-organization. It is strange that we have delayed correcting that which we were told long ago was "rotten and ripe for reform." Probably it was because it concerned an unorganized, encapsulated group—a group of ardent (in many instances we might say stubborn) individualists, who are only now beginning to see that they are in danger. The freedom of registering for work or not, as the spirit moved them, which lured many of them into this field, has proven to be an expensive privilege. We believe that until they themselves can see the need for reform there is little that can be done. The inner urge on the part of the worker herself has been lacking. I am here talking about my own group, since I have been longer attached to private duty nursing than to public health nursing or to institutional work.

There may be reasons for our delay, as a profession, to correct the evils inherent in the present system, but these

can no longer vindicate us. A story, in Mary Beard's recent article is so applicable that I am going to borrow it from her. It runs something like this:

A police officer saw a man stooping over the gutter at 54th Street and Park Avenue one evening. "Brother," he said, "What are you looking for?" The man straightened up: he had evidently had a little too much to drink. "I am looking for my watch," he said. "Well," said the officer, "you don't seem to be having much success. Where did you lose it?" "I lost it," said the other, "at 31st Street and Fifth Avenue." "Then why are you looking for it at 54th Street and Park Avenue?" said the officer. "*Better light here,*" said the man.

I am wondering if we have not approached the problem of the private duty nurse in this same "long distance" way: the problem in one place, and the measures necessary to meet the problem—the light—quite dissociated from it.

The private duty nurse, by her own admission, is an "ardent individualist" but she has less independence and is more seriously affected by a changing world than any other group of workers. She feels that her destiny is in the hands of the individual patient with his whims and fancies and that she is at the mercy of the physician, and of the exigencies of the particular hospital to which she has been assigned. One of our registrants recently said to me: "I am a veritable chameleon, required to take on the colour of every new situation and every new case." True, they are required to adjust themselves, not only to one organization but to all the vagaries of the daily life of the individualistic worker. An absolute lack of cohesion in a group at a time when all workers are organized if they expect to live and enjoy their labours with a reasonable sense of security! When this nurse said she felt like a chameleon, I wondered if her fate would not be that of the chameleon who, when placed on a Scotch plaid, "just bust." An unorganized group of workers has just as much chance of survival today as that unfortunate chameleon.

The Background

It may be helpful at this point to outline the development of registries. The first registry was established in the United States in 1877, in New York. The mayor of New York, in an address given at the commencement exercises of one of the few schools of nursing of that day, suggested that an agency be established "in order that the nurse could be easily found by the public." Please note that such was the sole purpose of the early registries. At this time nursing education and nursing conditions were relatively simple. The young woman who entered a school of nursing entered with the idea of preparing herself for bedside nursing. A few who showed particular ability were later assigned to positions as superintendents of nurses or superintendents of hospitals, but nursing meant bedside nursing and was confined to curative measures only.

As the number of schools and graduates increased, the number of registries also increased. These were, as a rule, established in the hospitals. Later still, in the larger communities, where there were several hospitals and the value of centralization was recognized, these several independent registries organized into a central registry, independent of the hospital management, where graduates of all schools could register and be secured for service. This combination was brought about in Detroit in 1908. At that time the private duty nurse worked a twenty-four-hour day and was paid by the week, at an average of \$21.00. Some conditions in connection with private duty nursing we now look upon with horror: the special nurse was given a cot to sleep on in the patient's room and could be found, in negligée, in the public hospital corridors while preparing medicine and other services for her patient. She was left to get her meals and secure her rest and recreation in any way possible, depending upon the patient.

Recent Trends

Then came the consideration of a shorter working day for all workers. To be sure, the discussion did not include the professional worker, and we have always recoiled from any lay control of that which involved professional standards. We say now as we said then:

An arbitrary limitation of hours, controlled by law, violates the whole spirit of nursing, as the comfort of the patient is the nurse's first consideration. Again, no nurse could be expected to hold to a specific hour schedule when engaged in emergency or disaster relief. However, an attempt should be made to approach reasonable working conditions by encouraging, where possible, in the interest of the patient as well as the nurse, an eight-hour day for those employed on a daily basis, and a forty-eight-hour week for those employed on a weekly or monthly schedule. It is undoubtedly desirable to shorten the hours of duty so that the individual nurse may have a reasonable working day and also that there may be a spreading of work.

We did not, however, remain unaffected by the vehement arguments favouring the shorter working day. The care of the health of workers for efficiency — purely a business proposition — was being broadcast throughout the length and breadth of the land. The twenty-four-hour day was soon changed to a twelve-hour day for special nurses, quite generally, in the large centres of the United States.

Although we still believe that we were right and that we could no longer conscientiously support a twenty-four-hour day for a worker who had to give so much of her physical, mental, and emotional energy, we know now that this change almost proved to be our Waterloo. The patient was paying twice as much as he had paid before and felt that the service was less to his satisfaction. The nurse, instead of being looked upon as a ministering angel, was seen as one who would "sell her birthright for a mess of pottage" and was "taking all the traffic could bear." Some physicians said to us: "It would seem there is but one thought

in the minds of most nurses when called upon to take care of the sick and that is the commercial side of the question." Groups were organized and threatened all sorts of things. Then, in 1926, Miss Janet Geister made a study, entitled, "Hearsay and facts in private duty nursing." She found that the tendency was to attack the nurse and not the problem; that the system of distributing nursing service was unorganized, unsupervised, outgrown; that actual figures proved that although the average private duty nurse was charging \$5.00 to \$7.00 a day her actual income was about even with that of charwomen and other unskilled labour—the nurse's average income per hour was forty-nine cents and that of the unskilled labour, fifty cents.

Toward Action

Following closely upon this report, a field secretary from the American Nursing Association spent two years visiting most of the registries in the country and presented the following account of her findings. Coincident with this piece of work there was formed a Committee on the Grading of Nursing Schools, with that excellent statistician, Dr. May Ayres Burgess, in charge. As her first project she made an analysis of supply and demand and her study exposed the same conditions and offered the same conclusions:

That there is an over-supply of poorly selected graduate nurses. That a large number of private duty nurses are unemployed and that many patients are not receiving nursing care because the type of service which they need is not made available in the form which they can use it.

Centralization of nursing resources under central registries of associations, organized to distribute economically various grades of nursing service was recommended by both groups. These investigations placed in the limelight the private duty nurse and the agency from which her services were obtained. Dr. Burgess was emphatic that every worker has a

right to reasonable hours, adequate income, constructive leadership and opportunity for growth. She said that the time would come when:

We shall see private duty nurses, joined together in centrally organized groups, under intelligent and friendly leadership. The calls for private duty will be received by the central organizations, and the assignments of work will be given out according to the strength and capacity of the members. All nurses will be on annual salaries. They will be carefully selected for their jobs on the basis of whether or not they are competent to take adequate bedside care of sick patients. They will work eight hours at a stretch.

The headquarters office will be open day and night, year in and year out. Hard jobs and easy, long and short, day and night, city and country, will be equitably distributed among the members of the staff, so that each nurse will carry her fair share, and no patient will be sacrificed. Nurses and jobs will be fitted together so that except for special emergencies, each nurse will be sent out on the job she can best do, and the inexperienced nurse, or the less skilful nurse, will get the simpler jobs, while the specially experienced or most skilful nurse will have the satisfaction of being called upon for those jobs which demand the highest degrees of nursing ability.

In 1926, this seemed fantastic but today I maintain that nothing less will give the service which the public has a right to expect from us. This is the kind of an agency the public wants and will be willing to support.

Organizing a Bureau

With the prospect of transforming the official registry into a community nursing bureau, many questions at once arose:

What should we name as the functions of this bureau?

What should it be called?

How should it be controlled?

How should it be financed?

How could the needs of the registrants best be met?

What were the types and amount of nursing service needed in the community? Certainly the professional nurse for continuous bedside nursing does not meet every need.

What should be the fee for the service?

What should be the standards of eligibility of the registrant for service with the community nursing bureau?

Preliminary study indicated that the aim of any placement bureau, established for the purpose of meeting the community's every need for nursing service, should undertake study and research in order to bring about a more equitable distribution of nursing service. It should seek to discover, by study and research, any unmet nursing needs and, above all, should maintain a high standard of service. Naturally, a change of name was indicated and a new plan of organization, adequate records, policies and methods had to be defined. The varied interests concerned in this community service — the nurse, the physician, the patient — implied representation on the advisory board which governs it. Under the caption of policies and methods would be included the standards of eligibility of the registrant, the terms of agreement between the registrant and the nursing bureau, and the programme for the professional development and growth of the registrants in the various services.

The idea that any graduate nurse can successfully do bedside nursing while all other nurses must be carefully selected for a particular field, such as public health and institutional work, is quite erroneous. The evaluation of the personality and temperamental equipment of the nurse is of peculiar importance when the nurse is selected for private duty. Is it too much to ask that schools of nursing should know for what field they are graduating every individual nurse? In order that this may be accomplished, vocational service to the student should be stressed more. We ask in our credentials, "Do you recommend her for private duty nursing?" and we want to know whether the superintendent of nurses feels that she is specially equipped for this field. If we demand that the registrant for private duty nursing meet higher standards, will our superintendents concern themselves more in giving us good people for the private duty nursing field?

The report of our Grading Committee was most disheartening when it was shown that a large number of nurses entered the private duty nursing field because they could not meet the requirements in other fields of nursing. This meant that we were carrying a large number of unsuccessful, poorly equipped workers on our registries. In analyzing the grading of our registrants and comparing them with nurses in other specialties, I am apt to conclude that any graduate nurse, with special training, can make a good public health nurse or a good institutional nurse, but that only God can make a private duty nurse.

You probably have anticipated the problem of what to do with the large number of ineligible when you raise the standards of eligibility for nurses in the private duty nursing field. I have no solution to offer, but if the private duty nurse is to be better selected, is to be supervised, and employed on a salary basis, there is going to be a large number of left-overs which will still remain the responsibility of the nursing profession.

Growth in Service

In attempting to provide for growth, the inherent weakness of the present methods which govern our registrants became evident. The importance of this task, which the bureau must assume for its registrants, is undebatable. What worker in any profession can remain stagnant, as regards continuing study, without soon being found on the shelf and unwanted. We have accordingly arranged for regular and frequent meetings of registrants for consultation and advice. Yearly institutes and a lecture schedule have been offered and we have invited the participation of the registrants themselves in preparing these programmes and these meetings. The result so far has been that the attendance at the institutes and meetings has, in the majority, been made up of public health and institutional nurses, with not even

one-tenth of one per cent of our registrants found interested. This indifference to study is not an evil peculiar to the private duty nurse. If coming to weekly conferences were voluntary with a group of nurses belonging to a hospital nursing staff or a public health nursing staff, I am quite sure the results would be the same.

Organize!

Until the private duty group becomes a cohesive organization, with the same privileges other nursing groups enjoy, we

shall not be able to carry out this programme for facilities for growth. I, personally, believe that none of the worthwhile reforms we are talking about can be effected without a cohesive organization. Yet we believe that we are on the right path and that the goal to be reached must bring about the economic security of the private duty nurse and provide "adequate, scientific nursing service to all the people—rich and poor—at a cost which can be reasonably met by them in their respective stations in life."

(To be continued)

IN HONOUR OF MISS ROWAN

On January 17, 1936, nearly three hundred graduates and student nurses associated with Grace Hospital, Toronto, attended a reception given under the auspices of the alumnae association of the Grace Division of the Toronto Western Hospital. This happy occasion took the form of a reunion in honour of Miss Georgie L. Rowan, who is celebrating her twenty-fifth anniversary as superintendent of the Grace Hospital and who will leave shortly to take charge of the new wing at the Toronto Western Hospital. Receiving with Miss Rowan were Mrs. C. J. Currie, honorary president of

the association, and Miss A. O. Bell, its president. Miss C. De Vellin, the first nurse to graduate from the Grace Hospital School of Nursing, read an address to Miss Rowan, after which Miss D. J. Roy, the latest graduate, presented her with a beautiful diamond wrist watch on behalf of the association. A life membership, and a diamond and ruby membership pin were presented by Miss Florence H. M. Emory. Miss E. Rehder read an address from the student nurses and Miss K. Andrews presented Miss Rowan with a silver compôte on their behalf.

REGISTRAR AND SCHOOL INSPECTOR

Applications for the dual position of Registrar and School Inspector will be received by the undersigned before April 11, 1936. State qualifications, salary, etc.

EDITH AMAS, *President*,
Saskatchewan Registered Nurses Association,
Saskatoon City Hospital, Saskatoon, Sask.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

Membership

The membership in the Canadian Nurses Association for each year is estimated on the total membership of the nine Provincial Registered Nurses Associations for the preceding year. These latter organizations report membership to the national organization during the month of January. The Canadian Nurses Association has now reached 11,497 members — an increase of 409 members above that for the previous year. Six provincial associations show an increase, with the Registered Nurses Association of Nova Scotia leading with 18.5 per cent increase. Only slight decreases are evident in provinces in which membership has fallen off.

In 1930 the by-laws of the Canadian Nurses Association were amended whereby the membership of the Association should consist of a federation of the nine Provincial Associations of Registered Nurses in Canada. The first five-year period since the enforcement of that "membership clause" terminated with the closing of the records for 1935. During that period there was an increase in membership amounting to 3,574. From available information, it is estimated that for the past five years the average total annual number of nurses graduating from approved schools of nursing in Canada is 3,000. It is taken for granted that each nurse, as she receives her diploma of nursing, makes an effort to obtain the status of a registered nurse in the province in which she resides. If this surmise is correct it is apparent that there are many who do not continue to maintain that desirable status otherwise the total membership of the nine provincial associations would show greater annual increases.

Health Statistics

Early in January there was received

at National Office from the executive secretary of the International Council of Nurses a number of questionnaires on the health of student and graduate nurses addressed to various schools of nursing in Canada. The Canadian Nurses Association was asked to forward the questionnaires with a covering letter of explanation to superintendents of nurses to whom the questionnaires were addressed.

Following the 1933 Congress of the International Council of Nurses, a special committee on health statistics was appointed. Over a year ago that committee distributed a questionnaire relating to the health of student and graduate nurses of schools of nursing in countries whose national nursing organization held international affiliation. The committee was not satisfied with the response to that questionnaire. In an effort to obtain more gratifying results, the second questionnaire has been sent for distribution by the national organization which becomes responsible for the return of all completed forms to headquarters of the International Council of Nurses.

Reference to the questionnaire is made in these columns in order to express thanks to those superintendents who promptly returned the completed questionnaire to the National Office and to request that unreturned forms be completed and forwarded to the National Office by those who have not done so.

Conventions

Preceding the General Meeting of the Canadian Nurses Association, which is to be held in Vancouver from June 29 to July 4, 1936, a number of other national organizations will meet. The annual convention of the Canadian Tuberculosis Association is scheduled for June 22 to 24 in Vancouver. In the same city, from June 24 to 26, a convention of the Canadian Public Health Association will be

held, in conjunction with which the American Public Health Association (Western Branch) will meet. On June 24 these three organizations will hold

joint sessions. A final session and entertainment will take place in Victoria on June 27, two days prior to the opening of our General Meeting.

Book Reviews

INTRODUCTORY SOCIOLOGY, by Daniel H. Kulp, A.B., A.M., Ph.D., formerly associate professor of education, Teachers College, Columbia University; sometime director of the Industrial Hospital of the Yangtsepoo Social Centre, Shanghai, China. 272 pages and index. Published by The Macmillan Company of Canada, St. Martin's House, 70 Bond Street, Toronto 2, Ontario. 1936. Price, \$2.50.

This book aims to provide analytical and explanatory descriptions of nursing performance, situations and problems which confront the nurse in her dealings with people. Its object is, therefore, to help the nurse first, to understand herself, her colleagues and patients as human beings; second, to render a superior professional service; and third, to recognize the need of further growth through constant and continuous study of these problems. Dr. Kulp has had considerable experience in teaching graduate nurses, drawn from all phases of professional activity, and has therefore had an excellent opportunity of seeing just where our present curriculum fails to provide for elementary instruction in the principles of sociology. He perceives the conditions which now render it difficult to arrange for such instruction: the overcrowded curriculum and the lack of capable teachers. In fact he goes deeper and traces the overcrowding of the curriculum to the demand for service from the students. Dr. Kulp points the way to

reform in these words: "During training the main objective should be learning, not service; under such a test a number of changes in courses and content will be made that will relieve the heavy curriculum now extant." A general idea of the content of the book can be gleaned from the headings of some of the principal chapters: nursing in the American scene; personality; social forces; attitudes and thinking; development of a life purpose; social interactions; antagonisms and co-operations; behaviour; groups and organizations; control for adequacy. At the conclusion of each chapter an excellent list of reference reading is provided together with a list of queries relating directly to actual nursing situations. In addition, exercises are outlined which are genuinely stimulating and could be undertaken to advantage even by advanced students. The book is clearly printed, moderate in price, and not too heavy or bulky. It is highly recommended both as a textbook and for reference purposes.

GROVES & BRICKDALE'S TEXT-BOOK FOR NURSES: Anatomy, Physiology, Surgery and Medicine, by E. W. Hey Groves, M.D., B.Sc., M.S., F.R.C.S., and the Medical Section, revised by J. A. Nixon, C.M.G., M.D. (Cantab), F.R.C.P. (Lond.); fifth edition, 1936; 671 pages, 238 illustrations; price, \$6.00. Published by the London Oxford University Press. Canadian agents: McAlinsh & Co., Limited, Toronto.

As a general rule, text-books on nursing written and published in England do not altogether meet the needs of Canadian nurses. Because the whole educational approach is so different, many books which are excellent in themselves somehow fail to give us the help we require. The book under review is, however, a notable exception in that it conveniently combines, in a single volume, an excellent résumé of elementary anatomy and physiology which serves as an introduction to the succeeding chapters which deal with the principles underlying the medical and surgical treatment which the

nurse assists in carrying out. The authors have wisely refrained from dealing with the technical details of nursing handicraft. The sections on surgery and medicine deal clearly and concisely with the outstanding characteristics of many types of illness or injury. Brief but lucid descriptions are given of operative procedures and the possible complications to be guarded against are admirably summarized. There is a good chapter on poisons and antidotes, but the chapter dealing with nutrition and dietetics is hardly adequate. While this book is relatively expensive, it is well worth the money.



OBITUARY

HARDINGE—The death occurred on January 1, 1936, of Emma Hester Hardinge, a graduate of the School of Nursing of the Montreal General Hospital and a member of the class of 1893. More extended reference to Miss Hardinge's professional career will be made in a subsequent issue of the *Journal*.

LEIGHTON—On December 22, 1935, while on duty at the Vernon Jubilee Hospital, Vernon, B.C., Miss Minnie E. Leighton. Miss Leighton was a graduate of the School of Nursing of the Vancouver General Hospital and for several years served on the staff of the hospital at Anyox, and for two years at the North Vancouver General Hospital.

MACDONALD—Miss Stella Katharine MacDonald, Antigonish, a graduate of the School of Nursing of St. Martha's Hospital, Antigonish, N.S., class of 1929, passed away at her home, in January, 1936, after a long illness.

ROCHE—On December 29, 1935, Miss Ada Florence H. W. Roche. Miss Roche, who was a graduate of the London Hospital,

Whitechapel, London, had resided in British Columbia for the past twenty-seven years.

ROWANTREE—The death occurred in San Diego, California, on January 29, 1936, of Mrs. George Rowantree, formerly Fanny May Mellish, a graduate of the School of Nursing of the Toronto Western Hospital.

THOMPSON—In December, 1935, following a long illness, the death occurred of Miss Beulah Irene Thompson. She was a graduate of the School of Nursing of the Vancouver General Hospital and was a member of the class of 1928.

WILLIAMS—The death occurred recently of Mrs. Olive Mitchell Williams, a graduate of the School of Nursing of the Montreal General Hospital and a member of the class of 1925.

WILSON—At Vernon, B.C., after a long illness, Miss Anne Townshend Wilson, a graduate of Addenbrooks Hospital, Cambridge, England. She had been a resident of British Columbia since 1908 and served overseas during the Great War.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The annual meeting of the Edmonton Graduate Nurses Association was held recently and from the reports given, every member present realized that the past year has been a successful one for the association. Miss M. Turner reported that the benefit and loan fund has been satisfactorily used by a number of nurses during the past two years. The guest speaker was Miss J. Montgomery, librarian of the University of Alberta, who gave a most interesting and thought-inspiring address on "The use of books in hospitals." Election of officers took place as follows: President, Miss Blanch Emerson; first vice-president, Miss M. McDonald; second vice-president, Miss M. Griffiths; secretary, Miss E. Murray, Royal Alexandra Hospital, Edmonton; treasurer, Mrs. E. World; registrar, Miss A. L. Sproule, 11138-Whyte Avenue, Edmonton.

BRITISH COLUMBIA

MARRIED: On December 7, 1935, Miss Ora Jean McLeod (Hospital for Sick Children, Toronto) to Mr. Eugene Johan Doll.

MARRIED: In December, 1935, Miss Ella Elizabeth Dale (Pembroke Hospital, Pembroke, Ont.) to Mr. Lyman Roy Crosby.

MARRIED: On December 26, 1935, Miss Emily Johnston Hogarth (Vancouver General Hospital) to Mr. Joseph Nicholson Kneen.

MARRIED: On December 21, 1935, Miss Evelyn Walton Duckworth (V.G.H.) to Mr. Archibald Mills Walker.

MARRIED: On December 21, 1935, Miss Margaret Elizabeth Nicholls (V.G.H.) to Mr. Walter Eric North.

MANITOBA

BRANDON: The downtown section of the Brandon Graduate Nurses Association held their February meeting at the home of Miss J. Fatheringham. Miss M. Higgins gave a report of the annual meeting of the Provincial Association recently held in Winnipeg. Mrs. A. Smith gave an interesting talk on John Buchan as a writer and reviewed six of his books.

NEW BRUNSWICK

ST. STEPHEN: The regular meeting of the local chapter of the R.N.A.N.B. was held at the home of Miss Mabel McMullen, who presided; eighteen members attended. Miss G. A. K. Moffat was appointed, with Miss F. M. Cunningham, to *The Canadian Nurse* committee in the drive for increased circulation, and

the Chapter also subscribed for the student nurses of the Chipman Memorial Hospital.

ST. STEPHEN: The January meeting of the alumnae association of the Chipman Memorial Hospital was well attended. Considerable business was transacted and a social hour followed. Those who attended the party at the rectory, Oak Bay, report a delightful evening, when nurses and other friends were the guests of Rev. Victor M. and Mrs. Regan. Mrs. Regan was presented with a silver flower bowl. Miss Viola Thurber is taking a post-graduate course at the Children's Memorial Hospital, Montreal.

WOODSTOCK: The regular meeting of the Alumnae Association was held on January 21 with the president, Mrs. Frank Hanson, in the chair. Letters of appreciation were read from the members who were ill at Christmastime and to whom flowers were sent. Ten dollars was voted towards the Nightingale Memorial Fund.

NOVA SCOTIA

ANTIGONISH: Miss Pauline Publicover, of Halifax, and a graduate of the Halifax Children's Hospital, has been appointed to a position on the staff of St. Martha's Hospital, Antigonish.

MARRIED: On January 14, 1936, Miss Betty MacEachern (St. Martha's, 1926) to Dr. James Carroll.

HALIFAX: Miss Jean E. Browne, national director of Junior Red Cross, was recently a visitor to Halifax. Arriving on February 1, Miss Browne addressed the members of Halifax Kiwanis Club at a luncheon meeting, and later met with the Halifax teachers, the Red Cross Council and the Provincial Junior Red Cross Committee. On February 3, Miss Browne gave two radio talks, the first to the children of the province, and the second to the adults, in both of which she outlined the important work being done by Red Cross in all lands, and particularly in our own country.

HALIFAX: The Halifax Branch of the R.N.A.N.S. held its regular meeting recently when Miss Edith Fenton reported that plans for the annual refresher course were practically completed. The lectures this year will deal with tuberculosis in its various aspects.

HALIFAX: Miss Mary Elizabeth Lyons, for many years superintendent of the Halifax Tuberculosis Hospital, was the guest of honour recently at a dinner given by the members of the staff of that hospital, on the occasion

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of Miss Lyons' resignation. She was presented with an address and a beautiful bouquet by her fellow-workers. Miss Lyons has a record of almost forty years of service in tuberculosis work in Nova Scotia, and will be greatly missed by all who knew her.

HALIFAX: The officers of the Halifax Infirmary Alumnae Association for the coming year include the following: President, Miss Foley, 95 Morris St.; vice-president, Miss Gervaise, 24 Victoria Rd.; treasurer, Miss E. Brasset, 58 Queen St.; corresponding secretary, Miss Burke, Halifax Infirmary.

MARRIED: In December, 1935, Miss Anna Rawding (V.G.H., 1931) to Mr. Mert MacLellan.

MARRIED: Recently, Miss Sally Gillespie (Halifax Infirmary, 1931) to Mr. Bruce Parsons.

KENTVILLE: The annual meeting of the Valley Branch of the R.N.A.N.S. was held recently, when Miss Annie Foster, Berwick, was elected president, with Miss Anne Slatery, Windsor, as first vice-president, and Miss Viva Bengston, Wolfville, as second vice-president. Miss Nora Dennison, Kentville, was appointed secretary-treasurer.

NEW GLASGOW: The Pictou County Branch of the R.N.A.N.S. met on January 22, when appointments of officers for the new year were made. Officers appointed are as follows: President, Miss Hilda Meikle; first vice-president, Miss Dorothy Enman; second vice-president, Miss Margaret Fraser; secretary, Miss Blanche Reid; treasurer, Miss Mabelle Grant.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: At a recent meeting of the private duty section a most instructive lecture was given by Dr. E. R. Secord, on intestinal obstruction. On Feb. 4, the Alumnae Association of the Brantford General Hospital entertained the Florence Nightingale Association. The prizes were presented by Miss H. D. Muir, president of the Alumnae Association. Miss Edna Lewis (B.G.H., 1928) is relieving Miss Caroline Good as school nurse with the Department of Health. Miss Edna Squires, of the Provincial Department of Health, is in Brantford in connection with the work of the Canadian Dental Hygiene Council. Dr. H. S. Thomson gave a splendid outline of the aims of the council to a group of citizens representing various organizations and will return to launch a campaign for better care of the teeth.

The Brantford General Hospital School for Nurses has suffered great loss in the death of two valued members of the Board of Gov-

ernors of the hospital. Mrs. S. H. J. Reid, representing the Women's Hospital Aid, was helpful in all phases of nursing education and nursing service and Mr. H. J. Symons, a member of the Board for some twenty-five years, was also sincerely interested in the nursing profession.

BRANTFORD: MARRIED: On August 21, 1935, Miss Elizabeth M. Reain (Brantford General Hospital) to Mr. Edward G. Drewry, B.A.Sc.

WOODSTOCK: On Feb. 5, the spring meeting of Districts 2 and 3, R.N.A.O., was held in Woodstock. There was a good attendance in spite of the fact that the stormy weather and icy roads made it impossible for many to travel. There were representatives present from Brantford, Guelph, Kitchener, Galt and Woodstock. Miss H. L. Potts was in the chair. The meeting was opened by a two-minute silence in memory of the late King, followed by the singing of the National Anthem. A most interesting address was given by Dr. D. M. Sutherland on current world changes, touching briefly on the socialization of medicine, Britain and the Navy, the League of Nations, conditions in Italy and Ethiopia, and in the Orient. Dr. Weston Krupp gave an address on Mexico, followed by excellent moving pictures. Musical selections were given by Miss K. McGachie, Mrs. L. McLean and Master Harry Smith.

DISTRICT 5

TORONTO GENERAL HOSPITAL: In respect to our late Sovereign, King George V, the annual meeting of the Alumnae Association of the Toronto General Hospital which was to have been held on January 22 has been postponed until further notice. The second number of *The Quarterly*, published by the alumnae association, has been sent to all members; the editor, Miss Mary Fidler, and her staff have wrought wonders in a very short time. They will be pleased to receive items of interest from any of our members. The Christmas concert, under the direction of Miss Mary Macfarland, was much enjoyed; the choir and their leader gave up a great deal of time in order to give us such fine music; they had the honour of singing at the Hospital for Sick Children during the festive season. The annual Christmas dance was not held until the middle of January; it was well attended and everyone seemed to have an extremely good time.

Miss Esther Strachan, Toronto General Hospital, would be glad to forward renewal subscriptions for *The Canadian Nurse*. This

MARCH, 1936

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saves exchange on cheques and a great many are now due for renewal. Let us keep up our excellent 1935 subscription record.

TORONTO WESTERN HOSPITAL: MARRIED: On November 9, 1935, Miss Edith Maude Lord (Grace Hospital, 1927) to Mr. Leslie L. W. Ashcroft.

MARRIED: On January 8, 1936, Miss Mary Hazel Morrow (Grace Hospital, 1925) to Mr. Leonard James Huston.

MARRIED: On August 31, 1935, Miss Mabel Wilda Green (Grace Hospital, 1931) to Mr. Andrew Rose.

MARRIED: On August 2, 1935, Miss Dorothy Mary Streb (Grace Hospital, 1927) to Mr. Harry L. Hurling.

MARRIED: On July 20, 1935, Miss Veneda Elizabeth Widmeyer (Grace Hospital, 1933) to Mr. Thomas Murtha.

MARRIED: On June 3, 1935, Miss Helen Kathleen Murphy (Grace Hospital, 1929) to Mr. J. A. Gordon McLean.

TORONTO WESTERN HOSPITAL: A successful bridge party was held recently by the Alumnae Association.

MARRIED: Recently, Miss Mary Pearl Shore (T.W.H., 1933) to Mr. Wallace George Read.

TORONTO: Mr. J. H. Craig gave an interesting address on "Housing, a means to employment," at a recent dinner meeting of the Community Health Association of Greater Toronto. Mr. Craig's treatment of the subject was unusual and provocative of new lines of thought and it was unfortunate that the attendance was not larger. During February the association arranged the following course of lectures which have been open to non-members: Dr. J. H. Elliot: "Pneumonia and associated conditions"; Dr. Angus McKay: "Diabetes"; Dr. F. S. Tisdall: "Chorea and diseases of the thymus gland." On March 10, Dr. H. B. VanWyck will give an address on obstetrics.

TORONTO: WELLESLEY HOSPITAL: The alumnae association has held several meetings during the past year and been fortunate in hearing interesting lectures. Dr. J. W. Rush spoke on "The wild flowers of Ontario," Dr. W. Dafoe gave a most interesting lecture on "The Dionne Quintuplets" and showed moving pictures of the famous babies, and Dr. R. J. MacMillan gave a lecture illustrated with moving pictures on his trip to Alaska. Miss Bessie Allan (W.H., 1930) has been appointed assistant supervisor at the Toronto East General Hospital. Miss E. McAlpine (W.H., 1935) has been appointed supervisor of the obstetrical floor at the Wellesley Hospital. The officers of the association for the coming year are as follows: Honorary president, Miss Ross; president, Miss Louise Richards; first vice-president, Miss E. McAlpine; second vice-president, Miss Violet McKelvey; corresponding secretary, Miss C. Tavener, 76 Northumberland Street; recording secretary, Miss M. Kilgour; treasurer, Miss A. Forrester, 415 Walmer Road; representative to *The Canadian Nurse*, Miss Edith Cowan, 42 Maitland Street.

MARRIED: On December 28, 1935, Miss Alice Brown (W.H., 1922) to Mr. Douglas Guy.

MARRIED: On January 14, 1936, Miss Gladys Robertson (W.H., 1933) to Dr. Eric C. Apps.

MARRIED: Recently, Miss Florence Ballantyne (W.H., 1932) to Mr. Percy Maxwell.

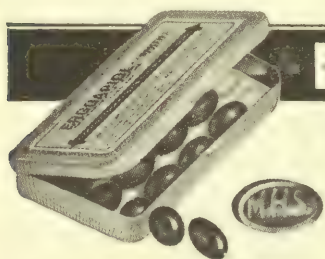
MARRIED: Recently, Miss Mona La Gallias (W.H., 1934) to Dr. French.

MARRIED: On December 25, 1935, Miss Josephine Harrison (W.H., 1935) to Mr. W. Mills.

MARRIED: Recently, Miss Mary Hutchinson (W.H., 1935) to Mr. Fletcher Pyper.

DISTRICT 6

BELLEVILLE: A meeting of the Belleville Chapter of District 6 R.N.A.O. was held re-



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cently when Dr. Doyle of the mental health clinic, Kingston, gave a most interesting talk, his subject being "Mental health." Letters have been received from Miss Vera Ray (B. G.H., 1931), who is at present a missionary nurse in Minna, Nigeria, West Africa.

DISTRICT 6

PETERBOROUGH: In December, the Nicholls Hospital Alumnae Association held their annual dinner which was attended by about fifty-five guests, representing the membership and friends of the association. Miss Alma Dobbin, the president, welcomed the guests and Miss Dorothy Henry, B.A., guest speaker of the evening, chose the immortal poem: "Pippa Passes," which she rendered very expressively.

PETERBOROUGH: The annual meeting of Chapter C., District 6, R.N.A.O., was held recently at St. Joseph's Hospital, with Mrs. LaPlante presiding. The officers elected were: Chairman, Mrs. LaPlante, vice-chairman, Miss Helen Anderson; secretary-treasurer, Miss Alice Price; convener of nursing education committee: Miss Walsh; membership committee, Misses Anderson and Lauder; programme committee, Misses Stewart and Young; nominating committee, Misses Lauder and Wager; convener of private duty committee, Mrs. Hickey; convener of social committee, Mrs. Breckenridge; convener of publications committee, Miss S. Armstrong. The secretary gave a report on the Chapter's activities during the year, and Miss Anderson spoke briefly on "nursing housekeepers," a topic which has been much discussed at conventions. A vote of thanks, moved by Mrs. Leeson and seconded by Sister Gonzaga, to the retiring officers of the Chapter brought the meeting to a close.

DISTRICT 7

KINGSTON: At the recent annual meeting of the Alumnae Association of the Kingston General Hospital the following officers were elected for the year: Honorary president, Miss L. Acton; president, Miss A. Baillie; first vice-president, Miss Emma Sharpe; second vice-president, Miss E. Duncan; secretary, Miss Mary Bird; treasurer, Mrs. Malloy; press representative, Miss A. B. Graham, Kingston General Hospital; convener of sick committee, Mrs. S. Smith; convener of private duty section, Miss H. Gates; convener of entertainment committee, Miss I. Simpson.

Miss Edria Rathbun (K.G.H., 1934) is spending the winter at Vero Beach, Florida. Miss Dorothy French (K.G.H., 1935) has accompanied a patient to Palm Beach.

MARRIED: On January 2, 1936, Miss Josephine Dobbin (K.G.H., 1931) to Mr. Geo. Daly.

MARCH, 1936

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MARRIED: On September 24, 1935, Miss V. Houslow (K.G.H., 1933) to Mr. D. R. Chateau.

MARRIED: In April, 1935, Miss Ora Vincent (K.G.H., 1933) to Mr. Charles Craig.

MARRIED: On August 10, 1935, Miss Marjorie E. Graham (K.G.H., 1932) to Mr. Jack M. Reid.

MARRIED: On October 16, 1935, Miss Jean Asselstine (K.G.H., 1934) to Mr. Orville Shea.

MARRIED: On September 7, 1935, Miss Ada Dickenson (K.G.H., 1934) to Mr. Red Bush.

MARRIED: On December 21, 1935, Miss L. Buck (K.G.H., 1931) to Mr. C. Poyner.

MARRIED: On January 1, 1936, Miss Edith Box (K.G.H., 1935) to Dr. Hudson Leavens.

MARRIED: On December 8, 1935, Miss M. McColl (K.G.H., 1935) to Mr. J. A. Consul.

SMITHS FALLS: At the annual meeting of the Alumnae Association of the Smiths Falls Memorial Hospital, the following officers were elected for the year 1936: Honorary presidents, Miss Bliss, Miss Clarke; president, Miss A. B. Church; first vice-president, Miss Mary Foster; second vice-president, Miss B. Klyne; secretary, Miss Isabel McLeod; treasurer, Miss Helen Durant; press representative, Miss Donalds Gilmour; Local Council representative, Miss Condie, Mrs. Farrell.

DISTRICT 8

OTTAWA GENERAL HOSPITAL: At the regular annual meeting of the alumnae association of the Ottawa General Hospital, Miss Gladys Clarke was re-elected president for a second term. Reports of the year's work were presented by Miss Hazel Brennan, secretary-treasurer; Miss Fernande Poitras, membership secretary, and Miss Juliette Robert, convener of the sick visiting committee. The following executive members were elected: Honorary president, Rev. Sister Mary Alban; president, Miss Gladys Clarke; first vice-president, Miss Margaret Munroe; second vice-president, Miss Mary Larose; secretary-treasurer, Miss Hazel Brennan; membership secretary, Miss Irene Rogers; representative to *The Canadian Nurse*, Miss Bernadette Legris; representative to the central registry, Miss Margaret Donnelly; sick

visiting committee, Miss Juliette Robert, Miss S. Kearns, Miss P. Bissonnette, Miss B. Legris and six councillors, Rev. Sister Flavie Domitille, Miss F. Nevins, Miss E. Desormeaux, Miss K. Bailey, Miss J. Robert and Miss I. McElroy.

QUEBEC

MONTREAL GENERAL HOSPITAL: Christmas greetings were received from Miss Isabel McConnell (M.G.H., 1925) and Miss Bessie MacMurchy (M.G.H., 1931), who are doing medical missionary work in Jobat, India; also from Sister Miriam Gray (M.G.H., 1918) of the Queen Alexandra Imperial Nursing Service, who is doing military nursing in the British Military Hospital at Moascar, Ismailia, Egypt.

MARRIED: Recently, Miss Margaret F. Imrie (M.G.H., 1929) to Mr. Merwyn Slencer Lathrop.

MARRIED: On November 30, 1935, Miss Helen Margaret Clarke (M.G.H., 1928) to Mr. Donald Neill McCormack.

MARRIED: On December 20, 1935, Miss Catherine Willard Mills (M.G.H., 1928) to Mr. Archibald Alfred McCormick.

MARRIED: On January 1, 1936, Miss Ruth L. Porter (M.G.H., 1934) to the Rev. Austin MacPherson.

QUEBEC: The superintendent and nursing staff of Jeffery Hale's Hospital were at home to all graduate nurses on New Year's Day. The reception was well attended by "outside" as well as local graduates. Miss Lunam received with Miss Armour, and the tea table was presided over by Mrs. K. O. Baptist and Mrs. Dr. McKinnon, the Misses E. Leith and Daisy Jackson assisting in serving. Miss I. Gourley (J.H.H., 1934) has recently completed a postgraduate course in operating-room work at the Royal Victoria Hospital and the Children's Memorial Hospital, Montreal. Mrs. W. M. Pfeiffer (G. Martin, J.H.H., 1926) has gone to Clark City, where Dr. Pfeiffer, who was a member of J.H.H. medical staff, has accepted a position. Miss Armour recently attended the meeting of the A.R.N. P.Q. held in Montreal. Miss Enid Richardson (J.H.H., 1927) of the staff of the Joyce Mem-



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IN UNIFORM

IN CIVIES



orial Hospital, is convalescing at her home in Nova Scotia. Miss Muriel Fischer (J.H.H., 1919) has been appointed school nurse for the Protestant schools in the city of Quebec.

MARRIED: On February 1, 1936, Miss Ethel M. Dinan (J.H.H., 1930) to Mr. Gordon J. Treggett.

SASKATCHEWAN

REGINA: A refresher course under the auspices of the nursing education section of the Saskatchewan Registered Nurses Association was held recently at the Regina General Hospital and the Grey Nuns' Hospital. In spite of a raging blizzard, eighty-eight nurses registered on the first day and this number was increased to ninety-six before the end of the third. Recent innovations in the treatment of certain diseases were dealt with in lectures and demonstrations. Throughout the course keen interest and appreciation was shown. A tea and luncheon supplied the social element in completing a most successful project. A similar course was held in Saskatoon during February.

GENEROUS BEQUEST

The Oshawa General Hospital will receive more than \$100,000 to be used for the erection of a children's wing, according to the will of the late Mrs. Albert Sykes, formerly of Oshawa. A provision of the will is that a tablet be set in the new wing of the hospital, with an inscription dedicating it as the J. Albert Sykes and Josephine Sykes wing. Mrs. Sykes, widow of the late Albert Sykes, died in Toronto, November 27, 1935.

A CORRECTION

In the February issue of the *Journal* (p. 85) a news item appeared which read as follows: "Results of the fall examinations for registration in Nova Scotia were recently published and out of a total of fifty-six, forty-seven were successful. First place was won by Mrs. Grace Burton, of Springhill, a graduate of All Saints Hospital." Mrs. Burton asks us to correct this statement and points out that she is a graduate of Highland View Hospital, Amherst, N.S. While the *Journal* regrets this error it can take no responsibility for it since the item was sent in from an official source and was therefore assumed to be authoritative.

MARCH, 1936

OVALTINE

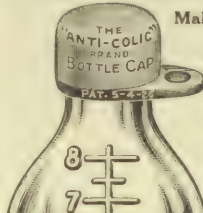
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OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTON: The annual report of the Edmonton Overseas Nursing Sisters Club was presented at the January meeting held at the home of the president, Mrs. Harold Orr. The secretary, Mrs. G. G. Stewart, read a summary of the year's activities. Ten meetings were held with an average attendance of eighteen. Correspondence of considerable variety — colorful and otherwise — was dealt with. An initial contribution of \$110 was donated to the local cenotaph fund, with a further canvass in progress. Christmas boxes were sent to five out-of-town families and a second donation of ten dollars to the Nightingale Memorial Foundation. The following four members received the "Jubilee Medals": Miss Jessie Chinneck, Miss Fannie Munroe, R.R.C.; Mrs. Byron Morrison and Miss Wortherston. Among the items of local interest were the visits of Mrs. Sydney Lambert, R.R.C., and Miss P. Courtis. The officers elected for 1936 are: President, Mrs. C. E. McMannus; vice-president, Mrs. H. Orr; secretary, Mrs. G. G. Stewart; treasurer, Mrs. J. R. Ross; executive committee, Mrs. R. F. Nicholls, Mrs. Morrison.

LONDON: The tenth annual meeting of the London Unit of the O.N.S.A. was held recently at the Victoria Hospital, with Miss Hilda Stuart, superintendent of nurses, as hostess. The officers for 1936 are as follows: President, Miss Della Birrell; vice-president, Mrs. J. A. Campbell; secretary, Miss Josephine Little; treasurer, Miss Bertha Smith; members of executive committee, Mrs. W. Mara, Miss A. Parrish, Miss H. Stuart, Miss A. Bodkin,

Miss H. Bapty. The London unit has thirty-six paid-up members.

TORONTO UNIT: The annual meeting of the Toronto Unit of the Overseas Nursing Sisters Association was held on February 7, at the Christie Street Hospital. The meeting, previously arranged for January 24, was postponed owing to the death of His late Majesty. A large group of members attended the memorial service at St. Paul's, arranged by the Toronto Council of the Canadian Corps Association. Miss Laura Gamble, retiring president, presided at the meeting, when a review of the year's activities was presented by the various committees. The recent presentation of an electric clock to the Women's College Hospital in memory of the nurses who made the supreme sacrifice during the war was among many items of interest.

At the request of the Unit executive, Col. George Philp, a representative of the Canadian Corps Association, presented the aims of this recently organized group and outlined the activities of its several committees. The association, which is an outcome of the monster Corps re-union held in Toronto in 1934, has taken as its slogan "Rejoin your unit," and has a vision of 200,000 members through unit affiliation. The following officers for 1936 were elected: President, Mrs. S. Driver; vice-president, Mrs. O. Duncan; secretaries, Miss A. Campbell and Miss M. McNaughton; executive, Mesdames T. James, F. Lambert, Mills and Jamieson, Misses G. Colborne, D. Mowry, Galbraith, Ross, McEwan and Drysdale.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for the Registration of Nurses in the Province of Quebec will be held in Montreal and elsewhere on April 27th, 28th and 29th, 1936.

Application forms and all other information relating thereto may be secured from the Registrar. Applications must be in the office of the Association by March 31st, 1936. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1936.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 22nd, 23rd, and 24th, 1936.

Names of candidates for this examination must be in the office of the Registrar not later than March 23rd, 1936.

Full particulars may be obtained from:

HELEN RANDAL, R.N., Registrar,
520 Vancouver Block - Vancouver, B.C.



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E. J.

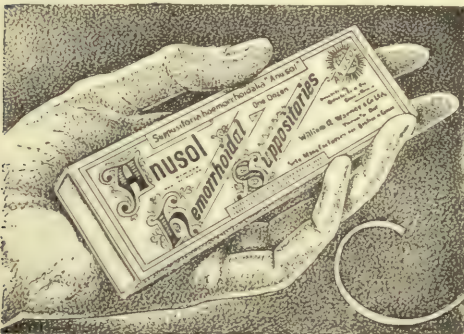
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Conveners: Social and Flower, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

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The Canadian Nurse

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No. 4

DOMINION REGISTRATION OF NURSES

E. MacPHERSON DICKSON, Chairman, Committee of the Canadian Nurses Association
on Dominion Registration of Nurses

At the general meeting of the Canadian Nurses Association, held in 1932, it was resolved: "that a committee be appointed to formulate some plan whereby a more uniform standard of registered nurse examination may be maintained throughout the Dominion, taking into consideration the further recommendations regarding this subject contained in the Weir report." Subsequently, during the general meeting held in Toronto in June, 1934, a special conference of the members of the National Joint Study Committee met to discuss, among other topics, the above resolution regarding Dominion registration for nurses. Present at the conference were: Miss Jean Gunn, presiding; Miss Kathleen Russell; Miss Helen Randal (British Columbia), Miss G. M. Fairley (British Columbia), Miss F. Munroe (Alberta), Miss Ruby Simpson (Saskatchewan), Miss Dickson (Ontario), Miss Cryderman (Ontario), Miss Edna Moore (Ontario), Miss MacIntosh (Ontario), Father Verrault (Ontario), Sister Allaire (Quebec), Sister Valerie de la Sagesse (Quebec), Miss Guimont (Quebec), Miss Nash (Quebec), Miss Batson (Quebec), Miss Lepine (Quebec), Miss Barrett (Quebec), Miss Holt (Quebec), Sister Camillus (New Brunswick), Miss Dawson (New Brunswick), Miss Murdoch (New Brunswick), Miss Mair (Prince Edward Island), Miss MacMaster (New Bruns-

wick), Miss E. M. Seaman (Nova Scotia), Miss Graham (Nova Scotia), Miss Jean Browne (secretary).

As a result of the discussion at this conference it was agreed:

1. That the principle of Dominion registration for nurses be approved.

2. That if Dominion registration is enacted, it be under the control of the Canadian Nurses Association.

3. That, eventually, provincial qualifying examinations should be eliminated if Dominion registration is established.

4. That a nucleus of a committee on Dominion registration should be appointed by the Canadian Nurses Association in some locality and that a representative of each province be added to the committee by appointment of each of the Provincial Associations.

5. That the proposed committee on Dominion registration undertake a study of existing standards of nursing education in the various provinces and suggest desirable standards for Dominion registration.

The foregoing five points were submitted to the general meeting of the Canadian Nurses Association in 1934, and were approved. The meeting authorized the executive committee to appoint the nucleus of the committee and the national appointees were: Miss E. MacPherson Dickson, Toronto (chairman); Miss Florence H. M. Emory, Toronto; Miss E. Muriel McKee, Brantford. The provincial associations added their representatives as follows: Miss Julia Rand (British Columbia), Miss R. Thompson (Alberta), Miss Edith Amas (Saskatchewan), Miss E. M. Smith (Manitoba), Miss Mary Millman (Ontario), Miss E. Frances Upton (Quebec), Miss M. E.

An address delivered at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, January 29, 1936.

Retallick (New Brunswick), Miss Victoria Winslow (Nova Scotia), Miss I. Gillan (Prince Edward Island).

The work of the committee has been carried on by the members resident in Ontario in conference, and by correspondence with the provincial representatives. Progress reports have been sent to the executive committee of the Canadian Nurses Association and to the provincial representatives.

Admission Requirements

The first study made by the committee was in connection with educational requirements for admission to approved schools of nursing. It was found that the minimum requirement of the various provinces is set as follows: British Columbia, junior matriculation; Alberta, grade XI (after 1935); Saskatchewan, grade XI; Manitoba, grade X; Ontario, two-year high school course, at present. (Junior matriculation is under consideration); Quebec, three-year high school course; New Brunswick, grade XI; Nova Scotia, grade XI; Prince Edward Island, grade VIII.

It will be noted that there is a great lack of uniformity in the terminology used to designate standards of education in the several provinces and, when the various courses are studied, it is further noted that the content varies under similar designation. If it is acknowledged, at the outset, that the term matriculation means simply "admission to a course" and that the requirements for admission to the various courses or schools within a given university are not always the same, we may not be led astray in our consideration of some uniform designation for a more uniform standard of education for prospective students in nursing.

The calendar of the University of Toronto (1934-5, p. 15) states equivalent examinations as follows: "Certificates of having passed in the subjects of Pass and Honour Matriculation at any of the following examinations will be accepted pro-

tanto, provided always that the standards of these certificates as to subjects and percentages meet the requirements of this University."

Ontario: the middle school or upper school examination, or examinations of the same standard under other names. *Quebec*: the high school leaving certificate examination, of pass matriculation standard only; the intermediate school diploma examination, of pass matriculation standard only. *New Brunswick*: the examinations for grammar school, or superior (except in Latin), or first class licences. *Nova Scotia*: the grade XI and grade XII examinations. *Manitoba*: the grade XI (matriculation) and grade XII examinations. *British Columbia*: the junior and senior matriculation examinations. *Prince Edward Island*: the first class teachers' licence examination. *Alberta*: the grade XI (junior matriculation) and grade XII examinations. *Saskatchewan*: the first and second class teachers' examinations; the junior and senior matriculation examinations. *Newfoundland*: associate in Arts examinations. *Great Britain*: a candidate from Great Britain holding the school certificate of the Universities of Oxford and Cambridge will be granted honour matriculation standing in those subjects in which he has obtained "credit," provided that in the subject of mathematics the "additional" course shall have been taken. Similar standing will be given those having the leaving certificate of the Scottish Education Department provided the subjects are of the higher standard.

Candidates whose certificates do not cover all the subjects may complete matriculation by passing in the remaining subjects as prescribed by the University, or by passing subjects of similar standard as prescribed by the Education Department of the province by which the certificate was issued. The Senate will consider applications for the recognition of certificates other than those mentioned, as occasion may require.

Notwithstanding the fact that it is highly desirable that there should be greater uniformity in the preliminary education of prospective students in nursing equivalent examinations, the committee recommends that for the present, the minimum standard for admission to schools for nurses be set at junior matriculation or equivalent examinations.

Existing Legislation

The second study undertaken was con-

cerned with existing provincial legislation for registration of nurses:

Self-government: Here we find that, with the exception of Ontario, where the Registration of Nurses Act is a government measure, all of the provincial associations are incorporated by private bill, ostensibly for the purpose of self-government in the matters of professional training, examinations and registration, but, in effect, the powers of the associations are limited either by the personnel of the council or the examining boards.

Financing: The Ontario Government collects all fees for examinations and registration of nurses and defrays all expenses connected therewith, including the expense of inspection of schools while, in the remaining eight provinces, the provincial registered nurses associations control the collection of fees and are liable for all expenditures connected with inspection, examination and registration.

Reciprocal registration: Provision is made in each province for reciprocal registration of "registered nurses from any other province having similar requirements," but on account of lack of uniformity of "requirements" reciprocity is almost a dead letter.

In view of the difference in requirements of the regulations pursuant to the various registration Acts, it will be necessary for each association to make a careful study of the proposed plan of Dominion registration in order to determine to what extent the Dominion examinations can be accepted in lieu of provincial examinations.

Incorporation

The third study was made in connection with incorporation. For information as to whether we should incorporate under Letters Patent or Private Bill, we communicated with the department of the Secretary of State at Ottawa. The following reply, dated July 8, 1935, is self-explanatory:

I have the honour to acknowledge the receipt of your letter of the 29th ultimo, with reference to the desire of the Canadian Nurses Association to set up a Council for the purpose of registering nurses by examination in order that nurses so registered may be transferred from province to province without taking duplicate examinations.

It is apparent that if your purpose is to be achieved, a special Act of Parliament should

be sought. A corresponding situation exists with respect to the Dominion Medical Council, which is incorporated by Act of Parliament with authority to examine doctors with a view to certifying their qualifications to practise in the various provinces.

(Signed) W. O'MEARA,

Assistant Under-Secretary of State.

The Medical Council

At this stage it seemed advisable to study the organization of the Dominion Medical Council and the committee is most appreciative of the courtesy and assistance given by Dr. T. C. Routley, secretary of the Canadian Medical Association, who not only gave the desired information on the organization of the Council but also assured us of his continued interest and co-operation should the Association decide to establish a Dominion Council for the registration of nurses. As indicated by the communication from the assistant Under-Secretary of State, the Canadian Medical Association, by Act of Parliament, set up a Dominion Medical Council known as "The Royal College of Physicians and Surgeons of Canada." The set-up of the Council provides for: two members appointed by each provincial medical association; one member appointed by each medical faculty; two members appointed by the Governor-General-in-Council. It should be noted that all appointees are physicians.

The duties of the Council are to set up standards and to arrange for examinations which are held twice each year across Canada. This entails an annual meeting of the Council at the expense of the College. It is presumed that the members of the Council are paid a fee for attendance at meetings but for obvious reasons the committee did not ask for information on this point.

Probable Cost

There are, however, some essential expenditures which can be estimated and should be given consideration in the study of the proposed plan for Dominion regis-

tration of nurses, and which may as well be indicated at this point. These include the cost of transportation and legal advice and service.

In order to present something concrete to the railway offices, quotations were requested on the cost of transportation from a given point to Toronto and return. This is not to be construed as a suggestion that Toronto would necessarily be the meeting place and it should be borne in mind that there are seasonal changes in rates. This quotation is for the day on which it was made:

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Fredericton-Toronto	53.20	16.40
Halifax-Toronto	55.30	19.90
Charlottetown-Toronto ...	54.25	16.40
	<hr/>	<hr/>
	\$583.70	\$193.20
Grand Total		\$776.90

The above rates give transportation only to one representative from each province. Incidental expenses, such as meals and taxicabs, would have to be added.

Legal Advice

It would be necessary to employ a first-class lawyer who is familiar with the negotiation of private bills. In addition to the work of drawing up a charter, the lawyer would be required to make the necessary contacts with the private bills committee which would entail his presence in Ottawa for the length of time required to do this. According to reports, lawyers of the type we require are paid from \$200.00 to \$300.00 per day and expenses, but the committee feels that the sum of one thousand dollars would take care of this item in connection with incorporation.

Some member or members of the Canadian Nurses Association should be appointed to give full time co-operation with the lawyer in order to see that he is properly informed as to the desires of

the profession and to safeguard details of organization. This again would entail expenses while in Ottawa, and the fee or honorarium would depend on the person or persons so appointed.

Organization

Some member of the Association who is familiar with the routine of arranging for examinations, editing and dispatching examination papers, etc., would have to be appointed as secretary-registrar to the Council. An office and stenographic assistant would have to be provided. No estimate of these costs has been attempted by the committee, as again the place of headquarters and the person chosen would have a bearing on costs. It was thought by the committee that a budget would have to be worked out by the first Council when the Association has decided upon the various details which would more or less govern the activities and expense of the Council.

The committee on Dominion registration now proposes the following plan for registration of nurses in Canada:

1. That the Canadian Nurses Association initiate the establishment of a Canadian College of Nurses.

2. That the affairs of the College be administered by a council of twenty-nine members which shall be constituted as follows: (a) Two members, who shall be nurses, appointed by each Provincial Association. (b) One member, appointed by each of the Provincial Associations, who shall be the provincial director of nurse education, or otherwise designated as inspector of schools for nurses, registrar, etc. (c) Two members, who shall be nurses, appointed by the Governor-General-in-Council. It is recommended that one of these appointees shall be Protestant and one Roman Catholic.

It is also recommended that the members of the first Council be appointed for such periods as will insure continuity of effort and at the same time avoid the idea of perpetual appointment.

Membership

Membership in the College shall be "Members" and "Fellows" with designating letters "M.C.C.N." and "F.C.C.N." For organization purposes, all nurses who have been registered in their respective provinces for a period of five years prior to the time of the establishment of the College shall be deemed eligible for *membership* on payment of the required fee. Members who are approved by the Council, as judged by standards which shall take into consideration the professional achievements of such members as may apply, shall be deemed eligible for *fellowship*. Fellows will be required to pay an additional fee.

Subsequent to the organization period, *membership* shall be by examination and payment of the required fee. *Fellowship* shall be based on a thesis submitted by a member and accompanied by a record of professional work covering a period of at least ten years.

Eligibility

Nurses who hold diplomas from such schools as may be recognized by the Council for the purpose of Dominion registration, shall be deemed eligible for examination. This regulation will be governed by the curriculum to be prescribed by the Canadian Nurses Association, and which is now under course of construction. The committee expects that, in addition to an outline of courses, the curriculum committee will set standards relating to admission qualifications, teaching facilities, clinical material available, supervision, and the physical plant of the hospital and school. In ordinary cases, the Council will accept the report of the provincial inspectors where an annual inspection obtains, but shall reserve the right to make independent inspection, if deemed advisable. The age of any can-

didate is to be not less than twenty-one years. The fee for membership shall be \$25.00 and the fee for fellowship shall be \$50.00, which sum includes the membership fee.

First Steps

Should this plan be approved by the Association, the committee recommends:

1. That a loan of \$5,000.00 (five thousand dollars) be made by the Canadian Nurses Association for organization purposes.
2. That a competent lawyer be engaged to draw up a Charter and to negotiate the Bill.
3. That some nurse be authorized to cooperate with the lawyer to see that the ideas of the Association are expressed in the Charter and to go to Ottawa, if necessary.
4. That nine members (one from each province) and a chairman or a secretary be appointed to form the Provisional Council.
5. That when the College has been established, the "Provisional Council" proceed with enrolment of members and fellows as provided in the proposed plan.
6. That when the funds collected from fees are sufficient to carry examinations, the Council, as provided by the plan, shall be appointed and begin to function.

It will be seen that the committee has not attempted to do more than formulate a plan for the establishment of facilities for Dominion registration of nurses which it is hoped may guide those who will be responsible for deciding on the provisions of the Charter. A tentative report on Dominion registration has been released to the provincial associations, by authority of the president of the Canadian Nurses Association. The committee cannot emphasize too strongly the importance of careful study of this report by the provincial associations, so that weaknesses and undesirable elements may be eliminated before the final draft is submitted to the general meeting of the Canadian Nurses Association to be held from June 29 to July 4, 1936, in Vancouver.

SO YOU ARE COMING TO VANCOUVER

GRACE M. FAIRLEY, President of the Registered Nurses Association of British Columbia.

There are many reasons why you should come to Vancouver, but we, on the Pacific Coast, will leave the praise of its scenic beauty and magnificent climate to others lest we be considered insular in our "pride of province"! Yet we do know that we are able to offer much which is of professional interest to all the nursing groups, and we strongly urge that the members of the Canadian Nurses Association who attend its general meeting will visit our hospitals, our public health organizations, and the Department of Nursing of the University of British Columbia. Two or three days should be allowed for this purpose, either before or immediately following the meetings, and all the various institutions will be happy to plan accordingly. The programme itself is so full of national business of real importance, both to the official delegates and to individual members, that it is impossible for them to attend the sessions with anything like a clear mind if, between times, hurried visits to professional organizations must be sandwiched in. Why not plan to get the best, both from the sessions and the visits, by avoiding unnecessary strain and fatigue?

Some of the outstanding organizations which are well worthy of a visit, especially from those who are doing a similar type of work, are among the following:

The offices of the Registered Nurses Association of British Columbia, situated in the Vancouver Block, directly opposite the Vancouver Hotel.

Such fine institutions as St. Paul's Hospital, with its well organized school of nursing and modern nurses' residence, and the Vancouver General Hospital which, in spite of its scattered buildings, offers very active services. Among those which will certainly be of interest to nurses specializing in certain fields are: a modern obstetric department, a gynaecological clinic; the social service department; the teaching unit; the private

pavilion; the active and up-to-date chest clinic. For those members who are particularly interested in administration, the modern cost accounting system is worthy of intensive study.

The provincial mental hospital which is situated at Essondale, is about a half-hour drive from the centre of the city. This institution is considered by competent judges to be second to none on the continent although its authorities are very modest and tend to hide their light under a bushel.

A preventorium, where forty children receive proper care and education, and the Hospital for Crippled Children, so proud of its new swimming pool and physio-therapy department, has also a sunny school room where the children have their lessons and receive remedial therapy instruction.

A fine example of correlation and co-ordination of health and welfare service may be found at 1675 West 10th Avenue, a modern building which, a few years ago, was the residential home of the Children's Aid Society. This building now houses eight social and health agencies, and under one roof are to be found: the Victorian Order of Nurses; the Greater Vancouver Health League, an educational organization co-operating with all local and provincial, public and private, health agencies; the Children's Aid Society; the Family Welfare Association; the Welfare Federation; the Red Cross Society; the Council of Social Agencies; the Day Nursery Association.

At the University of British Columbia will be found a Department of Nursing which, to quote J. T. Marshall, inspector of vital statistics, "is of particular interest, because the first university in the British Empire to offer courses in nursing leading to a university degree was the University of British Columbia. In 1919, a five-year course leading to the degree of B.Sc. (Nursing) was provided." The

present director of this department is Miss Mabel F. Gray. The university is beautifully situated and is readily accessible from the city; its delightful group of buildings and grounds are well worth a visit even apart from the special interest of the department of nursing, which is housed in the Science Building.

These are only a few of the professional and educational reasons why you should come to Vancouver — and, of course, you are coming. We are waiting to welcome you.

We are eager to know how you are meeting the situations with which we, too, are confronted and it is always helpful to



MISS FAIRLEY AT HER DESK

In Victoria, also, two fine general hospitals—the Provincial Royal Jubilee Hospital and St. Joseph's Hospital — will be open to visitors. A few miles from the city, by way of the famous Malahat Drive, is the provincial solarium for crippled children. At Tranquille, those interested in modern sanatorium treatment will find much of value and both the railways make convenient connections at this point for those who wish to stop over.

talk things over, even though we may not find any immediate solution. In such a vast country as Canada, with its magnificent distances, we do not often have an opportunity of seeing each other and of enjoying the personal contacts which mean so much in our daily work. This sense of professional solidarity is very precious and that is why we are looking forward to your visit so eagerly.

WHY YOU SHOULD BELONG

PHYLLIS GILBERT, Reg. N., Calgary, Alta.

Why should you be a member in good standing in the Registered Nurses Association of your province? The idea that one should not do anything, least of all pay out money, for something which does not give a tangible return, has in the last few years become more and more prevalent. Yet there is a large number of nurses who support not only one professional group, but two or three, and actually attend the meetings.

These nurses do not all receive any actual benefit to pay them for their loyalty, but one and all are subscribing to an ideal which makes them too proud to nurse unless they carry the highest credentials they are able to obtain. They know that the women who have given their time, for many years, to achieve a recognized standard need their support, and they also know that only a united professional body can ever achieve full recognition, and they scorn to be among those who, by indifference, ignorance, and selfishness, are holding back the wheels of progress in the nursing world.

I have heard that nurses have been approached to join trade unions and some, I believe, think it might be a sound idea. But the people who make such suggestions probably do not know that the nurses have no need of a trade union — they have to their hand, world-wide organization which has brought them every privilege they now enjoy.

Your local association is the representative body of nurses in Calgary; the provincial association in Edmonton represents the province, the provincial, the national, and so on to the international. Every inch of the hard way has been fought for, and held by these organizations — every privilege, every extra bit of rest, all the glory of wearing a uniform, and being recognized as a trained nurse by your badge, came to you through the devotion of unselfish nurses,

who loved their profession, and have, many of them, helped to improve things for generations of patients and nurses. We may be obliged to accept payment for our services in order to live, but the true nurse is thinking of service to the suffering, and only by loyalty to each other, and united action, can the service we wish to give be brought to suffering humanity.

In regard to complaints which I hear about long hours, poor remuneration, and particularly, that the "R.N." means nothing to doctors or patients, I tell you flatly that the nurses themselves set the pace. As long as the graduate nurse is willing to practice, knowing that she has not the credentials set as a standard by her fellow-nurses, just so long will the term "registered nurse" be ignored. In just the same way, a large number of Calgary nurses preferred to earn more, and feared to lose work by supporting the twelve-hour day and as a result we were forced to work eighteen hours. But when the nurses got behind the twelve-hour day it went through for hospitals, and would have gone through for private homes if the nurses had had the courage. No one really expects more than twelve hours' work from anyone — no doctor or patient really expects more — but any human being will, when ill, accept twenty-four-hour service, and any doctor will just not bother if the nurse chooses to do it.

Read the glorious story of the little handful of women who began the struggle for us in Canada — who foresaw our needs, and out of whose effort and thought has grown our splendid organization. You may not think much of your "R.N." here, where friendly doctors, patients, and hospitals may help you to evade your responsibility, and you may nurse, R.N. or not, but go to another province and see where you stand with-

out it. With it, you are a representative of as fine a body of nurses as the world knows; the nurses of Canada hold their own in every corner of the earth. It is a proud heritage to bear credentials which enable you to be called a registered nurse.

Every graduating nurse has a duty to her fellows—they have been toiling along the road to perfect service, falling into sloughs, climbing hills and the odd mountain, cheerfully plodding along, smoothing the path for you, preparing a recognized place for you to step into, complete with youth and a diploma.

There is a great deal for you to do for your successors but just now it is your duty, for your own sake and for those who have gone before, to accept the standing before the world which has been obtained for you by years of hard work.

No one can live to himself, and just as you have a duty to your fellow-men, you have a duty to your own kind. Be loyal to your profession, by supporting the efforts of its representatives; do your share in reaching the goal when all the sick shall be cared for and all the nurses occupied therewith.

SOUTH AFRICA AND CANADA

In the November issue of the *Journal*, under the caption of "International Friendliness," Miss Jean E. Browne, convener of the exchange of nurses committee of the Canadian Nurses Association, gave a progress report of its activities. She then indicated the possibility that arrangements would shortly be made for the interchange of selected nurses between South Africa and Canada; plans are now complete and, during April, both groups will be on the high seas.

Canada will welcome four representatives from South Africa including Miss Cicely Nixon, Miss L. C. Earp, Miss J. Lansdorp and Miss A. C. Holtman. South Africa will extend hospitality to three nurses from Canada: Miss Clara Hiscock and Miss Jennie Budden Wareham of Montreal, and Miss Margarita Reed of Edmonton. Three Canadian and three South African hospitals are participating in the arrangement and, in each instance, the superintendent of nurses will be responsible for the general direction of the exchange period of service which is to be of one year's duration.

Miss Mabel K. Holt will receive Miss Nixon and Miss Earp at the Montreal General Hospital; Miss Peters will re-



MISS HISCOCK AND MISS WAREHAM

ceive Miss Lansdorp at the University of Alberta Hospital in Edmonton, and Miss Grace M. Fairley will receive Miss Holtman at the Vancouver General Hospital.

After our South African guests have been long enough in Canada to feel at home we shall hope to hear something of the practice of nursing in their own country. In the meantime they will be given a brief introduction and a hearty welcome. Miss Cicely Nixon is a graduate of the school of nursing of Guy's Hospital, London, and is now a Sister in the New Somerset Hospital, Capetown. Miss L. C. Earp is a graduate of the school of nursing of the Victoria Hospital, Wynberg, Cape Town; Miss Lansdorp is a member of the nursing staff of the Provincial Hospital, Port Elizabeth, and Miss Holtman is a member of the nursing staff of the Queen Victoria Hospital, Johannesburg.

Two of our Canadian nurses, Miss Hiscock and Miss Wareham, will be assigned respectively to the New Somerset Hospital and the Victoria Hospital in Capetown. They both graduated from the school for nurses of the Montreal General Hospital in 1934. Both took a four months' "interne" course subsequent to graduation and later were appointed to the general duty staff of the Western Division of the Montreal General Hospital. Recently they took special courses in the nursing of tuberculosis and, in the accompanying photograph, are shown against a background of the snows of Ste. Agathe. Miss Margarita Reed is a member of the nursing staff of the Hospital of the University of Alberta.

In three instances, a genuine exchange of duties has been effected and the South

African and Canadian nurses will replace one another in specific hospitals. The one exception is that of Miss Holtman, who is being received by Miss Fairley at the Vancouver General Hospital but who will not be replaced at Johannesburg by a Canadian nurse.

The scheme has been financed thus: each participating hospital pays the usual salary to the member of its nursing staff who is away "on exchange." Travelling expenses are usually met by the individual nurse, but Miss Hiscock and Miss Wareham are fortunate in that they have received a grant for this purpose from the Mildred Hope Forbes Fund of the Montreal General Hospital.

The South African Trained Nurses Association and the Canadian Nurses Association have actively collaborated throughout and it must be a source of great satisfaction to both professional groups to know that all difficulties have finally been overcome and that a true exchange has been effected. This marks a forward step which will unquestionably lead to results of the greatest importance to both countries. It will pave the way to other and even more far-reaching plans whereby the nurses of the British Commonwealth of Nations may learn, work, play and live together.

Most of the women who have this great privilege will be young enough to be stirred by the spirit of adventure and will bring to it the zest of youth, tempered by a sense of responsibility. They will realize that they represent, in some measure, the nurses of the great Dominions from which they come. Canada and South Africa will, alike, be proud of them.



ON DUTY - OFF DUTY
NUGGET
 WHITE KID CLEANER
KEEPS WHITE KID WHITE!



THE EDITOR'S DESK

The General Meeting

Emphasis in this issue of the *Journal* is placed upon the importance of the General Meeting of the Canadian Nurses Association which is to take place in Vancouver from June 29 to July 4 in the Hotel Vancouver. Under the caption of "Notes from the National Office," Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association, presents the tentative programme for a meeting which promises to be one of the most important the Association has ever held. Turn at once to the programme itself and judge for yourself. Here are a few of the topics: health insurance and nursing; registries; the licensing of all who nurse the sick for hire; public health nursing and its inter-relationships. A further analysis of the programme will be made in a later issue, but in the meantime analyze it for yourself. It is a microcosm of nursing and incidentally, it is a fine piece of work which reflects great credit upon those responsible for framing it.

Readers' Guide

The whole content of this *Journal* has been planned in relation to the General Meeting. The leading article deals with Dominion registration of nurses and was prepared by Miss E. MacPherson Dickson, convener of the national committee appointed to prepare a plan for submission to the Canadian Nurses Association. Since this enterprise is still in its initial stages editorial comment upon it would be premature. Its implications, however, are most far-reaching and merit close and intelligent scrutiny. It is suggested that a Canadian College of Nurses be established and the advisability of such an undertaking will be one of the most important issues which the General Meeting will be called upon to decide. A careful reading of this article will reveal the important factors which are involved. △ Miss Fairley, in her capacity as president of the Registered Nurses Association of

British Columbia, tells us something about the rich opportunities that an enterprising province has to offer to those in search of new ideas. △ Correspondence is decidedly brisk and we thank the daring writer of "The right to live" for starting a lively controversy. △ In "Why you should belong," Miss Phyllis Gilbert puts forth a strong argument for our nursing organizations. By the way, are you a member of the Canadian Nurses Association?

"International Review"

Miss Anna Schwarzenberg, executive secretary of the International Council of Nurses, sends some good news which we pass on with pleasure.

We are very happy to be able to tell you that it has now been found possible to resume publication of the *International Nursing Review*, after the lapse of a year. The management of the *Review* has been entirely reorganized. It has been arranged that it shall appear regularly as a quarterly magazine, and it is hoped that it will maintain its former high standard, which was so much appreciated. We venture to hope that you will publish in the next number of your periodical a notice, drawing the attention of your readers to the re-issue of the *Review*, and to the fact that it is published at the Headquarters of the International Council of Nurses, 14 Quai Gustave Ador, Geneva, to which office subscriptions (Swiss francs 8 per annum) should be sent.

Hardly had we received this letter when the *Review* itself appeared, very handsome in an attractive cream-coloured cover, printed in violet ink. The articles are excellent and are truly international in character as well as world-wide in a geographic sense. Three languages are used: English, French and German. In each case summaries are given in the two languages other than that in which the original article is written.

It is frankly admitted that the *Review* "is embarking on a venture of faith — a characteristic activity of our profession." Fortune, however, favours the brave, so we wish our contemporary fair winds and a prosperous world voyage.

Correspondence

Essentially a Modern

I feel the "modern nurse and Florence Nightingale" are not seen in their proper perspective in the page devoted to "Correspondence" in the March issue of *The Canadian Nurse*. Primarily, it seems to me, we are members of a community which has many jobs to be done, of which nursing the sick is one. Just why one should be particularly self-sacrificing or possessed of a great spirit of service because one chooses this work as interesting and worth doing, I fail to see. Many other people, in fact nearly all our population work, some at jobs much more difficult and arduous but without all this sentimental appeal. Similarly, as a community we are striving to improve the living conditions of all our citizens—why leave out one group? It seems to me that Florence Nightingale was essentially a modern, and we of the nursing group have yet to grow up to some of her ideas. As I see it, she entered the nursing profession because she wished to be a functioning member of society, able to use the gifts that were hers. When an emergency situation arose her sacrifices were great, but when that situation was over she had the intelligence to return to a more normal life and renew her physical and spiritual vigour. Thus she was able to be the great leader she was.

So it is with the nurse today; she is with us because she feels that this is the work she can do and she wants to have both the physical and spiritual vigour to do a good job. What is more, I firmly believe that, as members of the community doing a good job, *we have both the love and respect of the community*. In closing may I say that the nurse who has carried on, day after day, with the heart-breaking task of healing individuals, wrecked in body and soul, during the last few years is no mean "money grubber."

BEATRIX BROOKES, Montreal.

Aren't We All?

A letter entitled "Life offered up," which appears in the March issue of the *Journal* carried a challenge which will no doubt produce considerable discussion. May I be permitted to remark that, as an "old timer," I do not agree that we have lost our way and have come to regard nursing as a means to a livelihood and not as a dedication to the relief of suffering. We are struggling on a stormy sea, in company with the rest of the world's peoples who have come to believe that the

business of living, thanks to our so-called modern civilization, is an arduous task.

The Great War wiped out a generation of men, and in their place there stands a generation of women who have been obliged to shoulder the burden of bread-winners. Among these is quite an army of devoted and self-sacrificing nurses. Yes, sister, the self-sacrifice in nursing today is not restricted to the religious sisterhoods, English hospital sisters and nurses on out-post duty. Plying up and down the busy corridors of any of our Canadian hospitals, in the Victorian Order, in private duty and in every other branch of nursing service may be found scores—yes, hundreds—of very young as well as older nurses willing to render service in return for which they ask a right to live, and sufficient financial return and free time to enable them to support and protect those who must rely upon their ability to provide for them. Yet their praises go unsung. How can human beings live in such a changing world and not be affected thereby? Not that we, as nurses, really differ much from our predecessors—but conditions have changed, and we, in order to survive, must be prepared to meet the demands of the age in which we live.

Youth, today, is protesting against the conditions which our modern civilization has imposed upon it, and it is from the ranks of youth that we receive into the great family of nurses a constant stream of new members. These young women are being taught more, and rightly so, about positive health and a full life than those of us who graduated twenty-odd years ago were privileged to hear; they do not expect to be denied a share in such experience simply because they have chosen nursing as a means to a livelihood.

Those of us who may rightfully be classed as older nurses, and who have passed through some of the tribulations of pioneering, are most happy today to be permitted an opportunity of helping to create the nurses of tomorrow. While we realize that our "flappers," while they are "flappers," may perhaps create an impression which is not altogether flattering to the profession as a whole, we believe that, given the opportunity, most of them will prove worthy of the best traditions of nursing. In closing, may I venture a word in defence of "a little home." Surely this is the desire of every woman's heart and should we, as nurses, stand condemned because we plan to possess one some day, even though we may be obliged to depend on nursing to provide

the wherewithal? Such an ambition should never prevent us from rendering real service to our fellow men.

E. FRANCES UPTON, R.N.,
Montreal.

Fullness of Life

A letter was recently published in the *Journal* under the caption of "The right to live." It expressed the sentiment that nurses should have more leisure with its complementary companionship and cultural pursuits—a lone voice crying in a wilderness of stagnant souls or muted tongues!

By what decree has it been wrought that the paths of duty are forever divorced from the paths of beauty? What shall it profit us if our hands grow more dexterous, and our spirits less mobile, less sensitive, less responsive? This is a strangely paradoxical issue, wherein interests seemingly selfish are only forced into the foreground of consciousness by the realization that increasing experience in nursing yields also a loss of some subtle quality which makes for vivid nursing.

We, who are round pegs in round holes; we, who get our greatest joy from spending our love and skill upon those who need both, we are not the legion of the defeated, seeking release from a burden which is proving too heavy for us—we are the legion of the unconquered, who having caught a glimpse of the nursing which ministers to more than the physical needs of a patient, cannot be content with less.

To give of our best, we must find the best. We are foster-mothers of the sick. We need the clean-smelling wind in our hair and, in our hearts the quietness of thoughtful, slow-paced hours, the peace engendered by attuning ourselves with the infinite. When do we stop to let the sunshine soak in, to marvel at a pine tree limned against a flaming sky, to know the ecstasy of an inner tide rising with the crescendo of a symphony, or to feel a oneness with those who write of timeless things?

Truly we should drink deep and often at these springs of life, else we miss the essence. Being dull insensate vessels, we contain life, but cannot interpret it in terms of glowing meaning. I wish then, to extend the plea of her whose letter prompted mine. I wish to reclothe it in the garments of a plea for fuller life and loveliness for both nurses and those whom we serve.

P. P., Saskatchewan.

Speak Up!

At our last meeting one of our members read excerpts from *The Canadian Nurse* concerning the discussion between the "older" and "younger" members. We all enjoyed it immensely. I am one of the younger members and believe in "speaking-up" and taking an active part in our meetings. Our Brandon members are finding the *Journal* most worthwhile.

MARION PATTERSON, Brandon, Man.

ON THE PROWL AGAIN

For some months the *Journal* has been relatively free from that pestilential creature: "an agent at the door." Judging from this letter, however, he is on the prowl once more:

"I am holding a receipt for a subscription which was given to an agent at the door. As far as I can make out the representative's name is 'D. Stevens.' I was supposed to receive my first copy in August, 1935, and up until time of writing I have not received a *Journal*."

Here is Another!

The letter quoted above came from Lucas, Ontario, and here is another from London:

"Last November a young man by the name of J. Clayton, "representing a Guild from To-

ronto" went around the Hospital taking subscriptions for the *Journal*. I gave him a cheque for two dollars which has been cashed, but have not received any magazine. There are many more nurses who have also not received their *Journals*.

And Yet Another!

Nurses are warned that a plausible person, calling himself Richard Kelly, may also present himself as a "representative" of the *Journal*. The truth is, of course, that these persons are frauds. The proper way to deal with them is to ask for their "credentials," take their names and notify the *Journal* at once. *Do not give them money under any circumstances.*

COMING EVENTS

British Columbia

VICTORIA: The annual meeting of the Registered Nurses Association of British Columbia will be held April 17 and 18, 1936, in Victoria. The meetings of the first day will be held, by courtesy of the Provincial Royal Jubilee Hospital, at the Nurses Residence, and, by the kind permission of the Sisters of St. Joseph's Hospital, the meeting of Saturday, April 18, will be held at the Residence. A dinner will be held at the Beach Hotel on Friday, April 17, when addresses by Dr. T. W. Walker, superintendent of the Provincial Royal Jubilee Hospital, and Mrs. Mutrie will be given. In addition to routine business, addresses during sessions will be delivered by Dr. G. F. Davidson, director of the Vancouver Welfare Federation, and by Dr. Bede J. Harrison on "Malignant disease from the point of view of a registered nurse."

Ontario

The programme of the annual meeting of the Registered Nurses Association of Ontario to be held in Peterborough, April 15, 16 and 17 gives promise of sessions both interesting and stimulating. Following the business session on the afternoon of the first day (Wednesday), a banquet will be held at which the speaker will be Miss Ethel Johns, editor of *The Canadian Nurse*. It is expected that Miss Johns will on this occasion announce the results of the recent province-wide campaign on behalf of the *Journal*.

At the open meeting on Thursday evening, Mrs. John Davidson of Toronto will give an address entitled "Analysis of significant events of the day." On Wednesday afternoon the report of the Permanent Education Fund will be read. Thursday's business session will afford opportunity for group discussion of this important report, and on Friday morning voting (which will be individual in nature) will take place regarding the final disposition of the fund. It will be remembered that the five-year period during which effort, both individual and group, has been made to meet commitment of Ontario nurses so far as the fund is concerned, is over, and that the whole matter is to be reopened for discussion at Peterborough. It is hoped that as many members of the Association as can possibly remain for the voting on Friday morning will do so.

The Private Duty Section open meeting will be held on Thursday morning with the following topics presented for discussion: "Essentials of nursing care in tuberculosis," Miss Madge McCort, Niagara Falls; "Nursing care in some types of mental illness," Miss Edith Dick, Toronto; "Some problems in nursing in

homes," Miss Jean Church, Ottawa; "Private duty nurses' problems," Miss Madeline Baker.

Discussion in the Nurse Education Section meeting on Thursday morning will centre about the topic: "Are our nurses being adequately prepared to meet community needs in nursing service?" The Public Health Section has planned a "panel session" for Friday morning on the topic "How may communities receive public health nursing service?" Miss Edna Howey, supervisor for the Ontario Department of Health, will act as "foreman of the jury." Points of view of various types of workers in the health field will be submitted by the following "jurors": Miss Helen Heffernan, superintendent, St. Elizabeth Visiting Nurse Association, Toronto; Miss M. A. Read, Board of Health, St. Catharines; Miss Bessie Wilson, School Nurse, Kingston; Miss Miriam Sherwood, Niagara Peninsula Sanatorium, St. Catharines; Miss Jessie Farquharson, Township of East York; Dr. Cameron Warren, medical officer of health of York Township; "A Citizen," Peterborough.

Exhibits of special interest in the exhibit section will be the cancer exhibit, consisting of wax models, charts, literature, which Dr. Stewart Cameron has been able to secure from The American Society for the Control of Cancer.

Accommodation may be secured at the following hotels: the Empress Hotel, the Grand Hotel, the White House, the Y.W.C.A. Tourist homes are also available; address inquiries regarding these to the superintendent of nurses, Nicholls Hospital, or St. Joseph's Hospital, stating amount and type of accommodation required.

Toronto

TORONTO: Through the courtesy of Miss Ruby E. Hamilton, president of the school health section of the public school department of the Ontario Educational Association, the following information is made available concerning the programme of that section during the forthcoming meeting to be held at the University of Toronto during the week of April 13. The meetings of the section are planned as follows: Wednesday morning session, 9.30 to 12: President's remarks; "Essential requirements of nutrition of the school child," Miss Marjorie Bell, director, Home-maker's Association, Toronto; "Tuberculosis in children," Dr. A. C. Crombie, medical superintendent, Queen Alexandra Sanatorium, London; "The school nurse's responsibility in the supervision of tuberculosis contacts," Miss Margaret Philips, Reg. N., Fort Erie North. 12.30-2 p.m.: Business luncheon meeting.

Wednesday afternoon session, 2.30-4 p.m.: "Essential requirements of school buildings from the viewpoint of an architect," James H. Craig, B.A.Sc., M.R., A.I.C.; "Promoting health in the schools," Miss Sally Lucas Jean, consultant, Health Education, Office of Indian Affairs, Washington, D.C.; discussion by Mr. W. P. Oates, M.A., Principal, Central School of Commerce, Hamilton; "Importance of adequate dental service in a school," Dr. Harry

S. Thomson, D.M.D., secretary, Canadian Dental Hygiene Council. The School Health Section will meet with the Public School Department at a general meeting in Hart House. Thursday morning, April 16: "Health teaching in schools," Miss Sally Lucas Jean, consultant, Health Education, Office of Indian Affairs, Washington, D.C. Discussion led by Dr. J. T. Phair, Chief Medical Officer in Ontario.

EMMA HESTER HARDINGE

H. M. DUNLOP, one of Miss Hardinge's classmates

The older graduates of the School for Nurses of the Montreal General Hospital will learn with regret of the passing, on January 1, 1936, of Emma Hester Hardinge. She was educated at Bishop Strachan's School, Toronto, and in 1890 entered the School of Nursing of the Montreal General Hospital and trained under the late Miss Nora Livingston. She later organized the Sherbrooke Protestant Hospital, and held the position of lady superintendent for four years and, afterwards, a similar position at the Guelph Sanitarium. After a long illness, she convalesced at St. John's Hospital, Toronto, an institution directed by the Sisters of St. John the Divine, who taught her church embroidery, for which she afterwards became famous. She visited her uncle, the Rev. John Usburne, rector of Honolulu, and did private duty there for some years. Later she was for a time attached to the Victorian Order of Nurses in Ottawa. At the outbreak of the Great War, the Massey-Harris Company of Toronto organized and financed a convalescent home for Canadian soldiers at Dulwich, near London. Miss Hardinge was appointed as Matron, and held that position until the Armistice. This hospital was one of the stately homes of England where Canadian soldiers were sent for rest and convalescence, and one of her patients (an orderly) was a survivor of the "Llandovery Castle," the hospital ship torpedoed while returning to England, when thirteen Nursing Sisters were drowned. He told Miss Hardinge many tales of how brave and quiet the Matron and Sisters were on this tragic occasion.

After returning to Canada, Miss Hardinge never really regained her strength though for a time she held a position as matron at the

night nurses residence of the Montreal General Hospital. After leaving Montreal she went to Toronto, and lived for some years at the Church Home associated with St. John's Hospital and Sisterhood, and passed peacefully away on New Year's Day. Canon Woodcock, a life-long friend, spoke at the funeral service of her wonderfully useful life.

We older graduates who, like her, were trained under Miss Livingston, honour her memory, and feel that her rest has been won through her Christian faith and fortitude.



EMMA HESTER HARDINGE

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

The excellent response to the appeal for the Foundation made through the provincial conveners during the past month has greatly heartened the national committee. The accompanying fine list of contributions is most creditable and, if the organizations which contributed last year, but have not yet done so for 1936, can send in a similar amount before the Biennial Meeting, there is no doubt that the pledge to the endowment fund as well as for the 1936-1937 scholarship will be assured. In future it will be a great satisfaction to Canadian nurses when visiting London to feel a sense of personal pride and ownership in the Florence Nightingale International House and Bedford College as a result of their participation in the Foundation.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Public Health Committee, Alberta Association of Registered Nurses \$	10.00
A.A., Royal Alexandra Hospital, Edmonton	10.00
Graduate Nurses Association, Medicine Hat	10.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
A.A., Misericordia Hospital, Edmonton	5.00

British Columbia

St. Eugene School of Nursing, Cranbrook	5.00
Staff, Kimberley Public Hospital . . .	10.00
Nelson Graduate Nurses Association. .	10.00
Staff, Mater Misericordiae Hospital, Rossland	3.00

Miss C. E. Whitehead, Trail	2.00
St. Paul's School of Nursing, Vancouver	15.00
Staff, Shaughnessy Military Hospital, Vancouver	10.00
Overseas Nursing Sisters Association, Vancouver	10.00
Staff, Royal Jubilee Hospital, Victoria	4.00
Student Nurses, Royal Jubilee Hospital, Victoria	20.00
Miss Courser, Rest Haven, Sydney, V.I.	1.00

Ontario

A.A., General Hospital, Brantford . . .	15.00
A.A., General Hospital, Guelph . . .	10.00
A.A., Ross Memorial Hospital, Lindsay	5.00
A.A., St. Joseph's Hospital, London. .	10.00
Isabel Hampton Chapter, I.O.D.E., London	5.00
A.A., General Hospital, Oshawa . . .	5.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., General Hospital, Port Arthur .	1.00
Florence Nightingale Club, Renfrew .	5.00
A.A., Toronto General Hospital, Toronto	100.00
A.A., Hospital for Sick Children, Toronto	25.00
Overseas Nursing Sisters Association, Toronto Unit	10.00
Florence Nightingale Nurses Association, Windsor	5.00

Saskatchewan

Student Nurses, Regina General Hospital	15.00
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COMMITTEE ON INSTRUCTION

The national committee on instruction of the nursing education section of the Canadian Nurses Association is making excellent progress and, in some Provinces, organization is complete and programmes are under way. Through the courtesy of Miss Marion Lindeburgh, chairman of the national section, the *Journal* is permitted to publish the following brief progress reports from Ontario, Quebec and Saskatchewan.

Ontario

For purposes of local group organization,

Ontario has been divided into a number of districts, or areas. Some areas have had no particular activity to date; in others considerable accomplishment is shown. Reports indicate that where local groups have been organized, the usual procedure has been to pick out certain key topics from the suggested list. "How to make materia medica more interesting" has received exhaustive discussion in several centres. "How to meet the needs of students possessing unequal educational background"; "number of teaching hours per week

and hours of preparation required of instructors"; "recommended textbooks"; "sources of illustrative material"; "means by which supervisors and head nurses may be kept familiar with the latest approved methods of treatment"—these are samples of some of the topics to which the Ontario groups have been devoting discussion periods.

In Toronto, in April, 1935, the instructors' section of the centralized lecture committee was reorganized as the Toronto committee on instruction, membership to include public health nurses engaged in teaching as well as instructors from the various hospitals. At the November meeting a review of new textbooks was given. Included in the programme was a comprehensive book exhibit from several publishing houses. "Libraries and magazines — ways in which to increase the usefulness of these important teaching aids" was the topic of discussion at the February meeting. From this meeting several resolutions affecting nurse education went forward to the Registered Nurses Association of Ontario.

Quebec

The Quebec convener, Miss Norena Mac-

kenzie, reports that at an organization meeting held in Montreal, it was decided that French and English members in Montreal meet to confer as one committee. The subject for discussion at the February meeting was: "Ways by which the home and community public health nursing experience may be incorporated into the same educational programme." It is expected that groups will be formed in Quebec City, Sherbrooke and the Eastern Townships.

Saskatchewan

The problem of organization in this province is a difficult one, owing to the fact that the large centres are few and widely scattered and that there are only twelve hospitals which maintain schools. Nevertheless, groups have been organized in Regina, Saskatoon, Yorkton, Prince Albert and Moose Jaw, with instructors acting as local conveners. Miss Helen Keeling, provincial convener, reports that each group has held one meeting at which discussion of the suggested outline sent out by the national convener was carried on. While attendance is necessarily small, the members feel that a great deal of benefit may be derived from such organization, and are apparently enthusiastic.

SCHOOL HEALTH

For the modest sum of ten cents you may purchase an excellent booklet, entitled "School Health" and published by the Canadian Red Cross Society. Copies may be obtained from the national headquarters, 621 Jarvis Street, Toronto. While primarily intended for the use of teachers it can be read with profit by nurses, especially those engaged in any service which brings them in contact with children and their parents. Nurses engaged in rural public health work would find it invaluable as a means of stimulating interest among teachers in country schools. The titles of the nine chapters indicate both the range and the authoritative quality of the subject matter: *Foreword*, by George Gallie Nasmith, C.M.G., D.Sc., M.A., Ph.D., D.P.H., chairman, National Junior Red Cross Committee; *Principles of health education*, by Ernest M. Best, D.Paed.; *What the teacher should know about communicable disease*, by G. F. Amyot, M.D., Director of the North Vancouver Health Unit; *What the teacher should know about tuberculosis*, by David A. Stewart, M.D., medical superintendent, Manitoba Sanatorium; *What the teacher should know about eyes*, by A. Lloyd Morgan, M.B., assistant surgeon at St.

Michael's Hospital and the Hospital for Sick Children; *What the teacher should know about ears, tonsils and adenoids*, by J. E. Davey, M.D., director of medical services, City Health Department, Hamilton; *What the teacher should know about dental hygiene*, by Harry S. Thomson, D.M.D., Canadian Dental Hygiene Council; *The genesis of crippling*, by D. E. Robertson, M.D., surgeon-in-chief, Hospital for Sick Children, Toronto; *What the teacher should know about mental health*, by W. T. B. Mitchell, M.D., director, Mental Hygiene Institute, Montreal; *The motivating power in health education*, by Roy Fraser, M.A., F.R.M.S., Professor of Biology and Bacteriology, Mount Allison University. In this concluding chapter Professor Fraser pays an eloquent tribute to the work of the Junior Red Cross in which he puts his finger on the reason for its efficacy: "You will find keen interest, responsiveness, and an unfeigned realization of the importance of their programme of work and service and practical hygiene. They have a real sense of possession and are proud of the fact that they are members of a world-wide organization. As one pupil put it, 'It's the kids' own show'."

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Tentative Programme

An outline of the tentative programme of the Eighteenth General Meeting of the Canadian Nurses Association is published on ensuing pages. It will be noted that, in addition to the members of the Association who are contributing to the programme, the guest speakers are well known to the nurses of Canada. The Association has been privileged to have several of the guest speakers address previous general meetings. Miss Mary Beard, associate director of the International Health Division of the Rockefeller Foundation, will address the Association on the evening of July 3. It will be recalled that at the General Meeting in Ottawa, Miss Beard gave an address on midwifery in England. Dr. George M. Weir needs no introduction to Canadian nurses; the Report of the Survey of Nursing Education in Canada, written by Dr. Weir, is a lasting reminder of the profession's indebtedness to him. The subject of his address on the opening evening is "The State of Things to Come in Nursing." Dr. G. Stewart Cameron, chairman of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association, and Dr. A. K. Haywood, general superintendent of the Vancouver General Hospital, are to express their views during a symposium, the topic of which is "Nurses and Nursing." Dr. Allon Peebles, who is adviser on health insurance in the Department of the Provincial Secretary for British Columbia, will give enlightenment on the relationship of the nursing profession to health insurance, a subject of vital importance, nationally and provincially. It will be the pleasure of those who attend the dinner on Tuesday evening to hear Profes-

sor Ira Dilworth, who has established a reputation as a versatile and most entertaining speaker.

The Scholarship Award

The Executive Committee of the Canadian Nurses Association announces that the scholarship given by this Association for a year's study at the International Courses offered by the Florence Nightingale International Foundation, is awarded for 1936, to Caroline Elizabeth Sage, of Edmonton, Alberta. Miss Sage is a graduate of the School of Nursing of the University of Alberta Hospital, Edmonton. Her application is for the course for public health nurses. Since June, 1933, Miss Sage has been private secretary to the Deputy Minister of Health for the Province of Alberta.

The Exchange Scheme

The Exchange of Nurses committee of the Canadian Nurses Association recently reported that arrangements according to a real exchange scheme had been completed with the South African Trained Nurses Association. Miss Cecily Nixon, from Somerset Hospital, Cape Town, and Miss L. C. Earp, from Victoria Hospital, Wynberg, Cape Town, will come to the Montreal General Hospital where they will be members of the nursing staff for one year. In exchange, Miss Claire Hiscock and Miss Jennie Budden Wareham, from the Montreal General Hospital, sailed on March 30 for South Africa. A third nurse from South Africa, Miss H. Landsdorp, of the Provincial Hospital, Port Beth, will reach Edmonton early in May. She will spend a year at the University of Alberta Hospital in exchange with Miss Margarita Reed. In order to meet the regulations controlling the pension scheme for nurses in South Africa, each

of these exchange nurses will receive the salary paid by her own hospital. A fourth South African nurse, Miss A. C. Holtman, of the Queen Victoria Hospital, Johannesburg, has been accepted for duty with salary and full maintenance by the Director of Nursing of the Vancouver General Hospital, for a period of one year.

International Council

Those members of the Canadian Nurses Association who purchased a copy of the report of the Education Committee, entitled "The educational programme of the school of nursing," can obtain a mimeographed copy of an index to the report upon request to International Headquarters, 14 Quai Gustave Ador, Geneva.

MESSAGES OF SYMPATHY

Upon the sad occasion of the death of our late Sovereign, King George V, the president of the Canadian Nurses Association expressed the sorrow of Canadian nurses in this cablegram:

"The members of the Canadian Nurses Association desire to express to His Majesty King Edward VIII, to Queen Mary and to all the members of the Royal Family, their deepest and most heartfelt sympathy."

Gracious acknowledgment was made by the Secretary of the Governor-General of Canada in this letter:

"I have the honour to inform you that His Excellency the Governor-General is requested to express to the members of the Canadian Nurses Association the sincere thanks of His Majesty the King, Her Majesty Queen Mary and the Members of the Royal Family for your kind message of sympathy in their irreparable loss."

The sympathy of the American Nurses Association was expressed by its president, Miss Susan Francis, in this telegram addressed to the president of the Canadian Nurses Association:

"The members of the American Nurses Association express deepest sympathy in the great loss sustained through the death of King George."

This kindly action on the part of our American colleagues was acknowledged by the president of the Canadian Nurses Association as follows:

"I wish to express to the members of the American Nurses Association, our sincere appreciation of their kindly thought for us as indicated in the message of sympathy which was sent on the occasion of the death of our late beloved Sovereign, King George V."

They gave their bodies to the commonwealth and received, each for his own memory, praise that will never die, and with it the grandest of all sepulchres, not that in which their mortal bones are laid, but a home in the minds of men, where their glory remains fresh to stir to speech or action as the occasion comes by. For the whole earth is the sepulchre of famous men; and their story is not graven only on stone but lives on far away, without visible symbol, woven in the stuff of other men's lives.

From Pericles' "Praise of the Dead."

CANADIAN NURSES ASSOCIATION

BIENNIAL MEETING

Hotel Vancouver, Vancouver, British Columbia
JUNE 29 - JULY 4, 1936

All sessions will take place at the Hotel Vancouver

TENTATIVE PROGRAMME

MONDAY — JUNE 29

8.30 a.m. Registration.

9.00 a.m. Executive Committee Meeting: Canadian Nurses Association.

General Session, 2 p.m.

2.00-2.45 p.m. Invocation: The Venerable Archdeacon F. C. C. Heathcote.

Reading of minutes of last Biennial Meeting.

Report of Honorary Secretary.

Report of Honorary Treasurer.

Report of Executive Secretary.

Correspondence.

2.45-3.00. Presidential Address.

3.00-4.30. Reports of Standing Committees with discussion:

(a) Publications Committee: Miss Florence H. M. Emory.

(b) Arrangements Committee: Miss Kathleen I. Sanderson.

(c) Programme Committee: Miss Ruby M. Simpson.

Presentation of resolutions from the Executive Committee and the Provincial Associations. Appointment of resolutions committee. Appointment of scrutineers, with instruction regarding ballots. Appointment of press representatives.

Roll call of federated associations:

The International Council of Nurses: (a) Report of interim meeting, July, 1935: Miss Jean I. Gunn, official representative of the Canadian Nurses Association.

(b) Plans for Congress, London, 1937: (1) Tours; (2) Official delegates.

Announcements.

4.30 p.m. Adjourn to view exhibits.

General Session, 8 p.m.

(Open Meeting)

Chairman: Miss Grace M. Fairley, President, Registered Nurses Association of British Columbia.

Addresses of welcome: The Honourable T. D. Pattullo, Premier of the Province of British Columbia; His Worship the Mayor of Vancouver, Mr. G. G. McGeer, M.P.;

Dr. L. S. Klink, President, the University of British Columbia; Dr. H. H. Milburn, President, British Columbia Medical Association.

Response to addresses of welcome: Miss Ruby M. Simpson, O.B.E., President, Canadian Nurses Association.

Address: "The State of Things to Come in Nursing," Dr. George M. Weir, Provincial Secretary for the Province of British Columbia.

The Presentation Ceremony and the award of the Mary Agnes Snively Memorial Medals. An address on the life and work of Mary Agnes Snively, Founder of the Canadian Nurses Association, will mark this occasion.

TUESDAY — JUNE 30

8.00-9.00 a.m. Executive Committee Meetings: Nursing Education Section; Private Duty Section; Public Health Section.

General Session, 9 a.m.

9.00-11.00 a.m. Reports of Special Committees, with discussion:

(a) Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association: Miss Nettie D. Fidler.

(b) National Enrolment: Miss Ruby E. Hamilton.

(c) Florence Nightingale Memorial: Miss Grace M. Fairley.

(d) Florence Nightingale International Foundation Scholarship Award: Miss Elizabeth Smith.

(e) Mary Agnes Snively Memorial: Miss Jean E. Browne.

(f) Budget: Miss Margaret Murdoch.

(g) Legislation: Miss Jean E. Browne.

(h) Publicity for higher education for nurses: Miss Mabel F. Hersey.

(i) Curriculum for nurses-in-training in mental hospitals: Miss Nettie D. Fidler.

(j) Exchange of nurses: Miss Jean E. Browne.

(k) Committee to study formation of religious guilds: Miss Mabel K. Holt.

(l) Use of figure of nurse in commercial advertising: Miss Emily Reed.

(m) Study of registries: Miss Isabel MacIntosh.

(n) Health insurance: Miss Ruby M. Simpson.

11.00-12.00. *Provincial Reports, with discussion:*

Alberta: Miss F. Munroe.

British Columbia: Miss Grace M. Fairley.

Manitoba: Miss S. Wright.

New Brunswick: Miss A. J. MacMaster.

Nova Scotia: Miss Lenta G. Hall.

Ontario: Miss Marjorie Buck.

Prince Edward Island: Miss Anna Mair.

Quebec: Miss Caroline V. Barrett.

Saskatchewan: Miss Edith Amas.

12.00 noon. Adjourn to view exhibits.

General Session, 2 p.m. "Towards Action."

2.00-2.45 p.m. *Reports of provincial committees on Community Nursing Bureaux:*

Alberta: Mrs. A. E. Vango.

British Columbia: Miss Esther Paulson.

Manitoba: Miss K. McCallum.

New Brunswick:

Nova Scotia: Miss Lenta G. Hall.

Ontario: Miss Ethel Cryderman.

Prince Edward Island: Miss Anna Mair.

Quebec: Miss E. Frances Upton.

Saskatchewan: Miss Elizabeth Smith.

2.45-3.00. Summarized report of provincial committees on licensing of all who nurse the sick for hire: Miss Jean S. Wilson, executive secretary, Canadian Nurses Association.

3.00-3.30. Address: "Health Insurance and Nursing," Dr. Allon Peebles, Adviser on health insurance, Department of the Provincial Secretary, the Government of the Province of British Columbia.

3.30-4.30. Discussion.

4.30-4.45. A summary of the discussion and presentation of resolutions: Miss E. Frances Upton, executive secretary, the Association of Registered Nurses of the Province of Quebec.

General Session, 7.30 p.m.

This session will take the form of a dinner meeting and an address will be given by Professor Ira Dilworth, Associate Professor of English, the University of British Columbia.

WEDNESDAY — JULY 1

No General Sessions

9.00-11.00 a.m. Executive Committee Meeting, Canadian Nurses Association.

Afternoon. A garden party at the Vancouver General Hospital as guests of the Board of Directors of the Hospital.

Evening. The Registered Nurses Association of British Columbia will entertain the members of the Executive Committee of the Canadian Nurses Association at dinner.

THURSDAY — JULY 2

General Session, 9.30 a.m.

9.30-10.15 a.m. *Report of the curriculum committee, Nursing Education Section of the Canadian Nurses Association:* Miss Marion Lindeburgh, convener of the committee.

10.15-11.45. *Discussion:* (a) Administration aspects of the approved school of nursing: Miss Annie F. Lawrie, superintendent, School of Nursing, Regina General Hospital, Regina. (b) Staff and students: Miss Martha Batson, teaching department, the Montreal General Hospital, Montreal. (c) Class room and clinical experience: Miss Agnes J. Macleod, teaching department, Vancouver General Hospital. (d) Health and community aspects in nursing education: Miss Anna E. Wells, chairman, Public Health Section, Canadian Nurses Association, Department of Health, Manitoba.

11.45-12.00. *Summary of discussion and presentation of resolutions:* Miss Jean L. Church, chairman, Private Duty Section, Canadian Nurses Association.

12.00. Adjourn to view exhibits.

12.30 p.m. *Public Health Section, luncheon meeting:* Address, "About Ourselves," Miss Elizabeth L. Smellie, C.B.E., Chief Superintendent, Victorian Order of Nurses for Canada.

Concurrent Meetings of Sections, 2 p.m.

Nursing Education Section:

Chairman: Miss Marion Lindeburgh.

2.00-4.30 p.m. Reading of minutes.

Chairman's address.

Report of secretary.

Report of treasurer.

Reports of committees.

Reports of provincial committees on nursing education:

Alberta: Miss J. Connal.
 British Columbia: Miss A. J. Macleod.
 Manitoba: Miss E. Mallory.
 New Brunswick: Rev. Sister Corinne Kerr.
 Nova Scotia: Miss V. I. Winslow.
 Ontario: Miss S. M. Jamieson.
 Prince Edward Island: Rev. Sister Stanislaus.
 Quebec: Miss Martha Batson.
 Saskatchewan: Miss A. F. Lawrie.

Appointment of resolutions committee.

Appointment of scrutineers.

Unfinished business.

Election of officers.

New business.

Private Duty Section:

Chairman: Miss Jean L. Church.

2.00-4.30 p.m. Reading of Minutes.

Chairman's address.

Report of secretary-treasurer.

Correspondence.

Reports of committees (1) Publications; (2) Nominations.

Reports from private duty committees of the Provincial Associations:

Alberta: Miss Jean Clow.
 British Columbia: Miss E. Paulson.
 Manitoba: Miss P. Brownell.
 New Brunswick: Miss M. McMullen.
 Nova Scotia: Mrs. E. M. Haliburton.
 Ontario: Miss Jean L. Church.
 Prince Edward Island: Miss M. Gamble.
 Quebec: Miss L. Urquhart.
 Saskatchewan: Miss Helen Wills.

Appointment of resolutions committee.

Appointment of scrutineers.

Presentation of suggested changes in by-laws, with discussion.

Address: "The story of registries," Miss Isabel MacIntosh.

Discussion.

Unfinished business.

Election of officers.

New business.

Public Health Section:

Chairman: Miss Anna E. Wells.

2.00-4.30 p.m. Reading of minutes.

Chairman's address.

Report of secretary-treasurer.

Correspondence.

Reports of committees.

Reports of provincial committees on public health: (a) Activities of public health sections; (b) Developments in public health nursing.

Alberta: Miss A. A. McKee.

British Columbia: Miss Margaret E. Kerr.

Manitoba: Miss C. Maddin.

New Brunswick: Miss A. Burns.

Nova Scotia: Miss Margaret Buchanan.

Ontario: Miss D. Mickleborough.

Prince Edward Island: Miss Ina Gillan.

Quebec: Miss Margaret I. Brady.

Saskatchewan: Miss Elizabeth Smith.

Appointment of resolutions committee.

Appointment of scrutineers.

Jury Panel discussion, directed by Miss Margaret E. Kerr, Assistant Director, Department of Nursing and Health, University of British Columbia. Topics: (1) The functions of the public health nurse; (2) Preparation for public health nursing; (3) Interrelationships in public health nursing; (4) Supervision and staff education; (5) New fields for the public health nurse.

General discussion.

Unfinished business.

Election of officers.

New business.

FRIDAY — JULY 3

General Session, 9 a.m.

9.00-10.00 a.m. Report of the editor and business manager of *The Canadian Nurse*. Report of the circulation campaign, 1935-1936. Recommendations of the Executive Committee of the Canadian Nurses Association regarding future policy.

10.00-10.30. General discussion.

10.30-10.50. *Dominion Registration*: Presentation of the report of the committee by the convener, Miss E. MacPherson Dickson.

10.50-12.15 p.m. Discussion: (a) Official statements on suggested plan from Provincial Associations; (b) General discussion.

12.15-12.30. Summary of discussion and presentation of resolutions: Miss Mabel F. Gray, Assistant Professor of Nursing, University of British Columbia.

12.30. Adjourn to view exhibits.

General Session, 2.30 p.m.

2.30-4.30 p.m. *A Symposium: "Nurses and nursing,"* participated in by Dr. A. K. Haywood, General Superintendent, the Vancouver General Hospital; Miss Elizabeth L. Smellie, C.B.E., Chief Superintendent, Victorian Order of Nurses for Canada; Dr. G. Stewart Cameron, chairman of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association; Miss Ethel Johns, editor, *The Canadian Nurse*.

General Session, 8.30 p.m.**(Open Meeting)**

Chairman: Miss Ruby M. Simpson, President, Canadian Nurses Association.

Address: Miss Mary Beard, associate director, International Health Division, Rockefeller Foundation.

Informal reception as guests of the Registered Nurses Association of British Columbia.

SATURDAY — JULY 4**General Session, 9 a.m.**

9.00-9.45 a.m. *Reports of Sections on the activities of 1934-1936 and the findings of the sessions.*

Nursing Education: Miss Marion Lindeburgh.

Public Health: Miss Anna E. Wells.

Private Duty: Miss Jean L. Church.

9.45-10.00. Report of Resolutions Committee.

10.00-11.00. Unfinished business.

11.00-11.30. New business.

11.30-12.00. Election of officers.

Adjournment.

2.00-4.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

HOTEL ACCOMMODATION

Except where indicated the rates quoted are those per person per day. (S. indicates single room; D. indicates double room.)

Hotel Vancouver: S. \$2.50, with bath \$3.50; D. \$2.00, with bath \$2.50.

Hotel Grosvenor: S. \$1.50, with bath \$2.00, \$2.50; D. \$1.25, \$1.50, with bath \$1.50, \$2.00.

Hotel Georgia: S. \$3.00, \$4.50; D. \$2.25, \$3.50, all with bath or shower.

The Devonshire: S. \$3.00; D. \$2.00, all with bath.

The Hotels Vancouver, Georgia and Grosvenor have a number of large rooms or two rooms in suite (with bath) for accommodating three to four persons at rates varying from \$1.25 to \$2.50 per person per day. Arrangements can be made with "The Devonshire" for kitchenette apartments for \$3.50 per day for one person and \$5.00 per day for three persons. Also, parlour suites, with or without kitchenettes, varying from \$6.50 per day for two persons to \$9.00 per day for four persons.



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MONTREAL

CANADA

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: A meeting of the Alumnae Association of the Calgary General Hospital was held recently when approximately one hundred nurses were present in spite of the bitter weather. The principal business was the adoption of a constitution. The president emphasized the importance of the step, realizing that it will be used in the years to come. Mrs. Elana Shearer Brodie, convener of the committee on ways and means, asked for support in any projects which might be undertaken, and also for suggestions for means of raising money. Miss H. Whale was announced as convener of the sick visiting committee, Mrs. M. Minton Norsworthy of the membership committee, Mrs. M. H. Driscoll of the refreshment committee, and Mrs. Selby Walker of the programme committee.

LETHBRIDGE: The annual meeting of the Lethbridge Graduate Nurses Association was held recently with the president, Miss Clarke, in the chair. There were twenty-five members present. Reports were presented and that for finances, given by Miss H. Davidson, was specially encouraging. The private duty section, under the capable leadership of Miss Mary Slater, showed great activity in its work. Dominion registration was discussed thoroughly, all the nurses present showing interest. Miss Clarke, in a happy speech, welcomed the new officers. They are as follows: Hon. presidents, Mrs. C. B. Bowman, Miss Mabel Macleod; president, Miss Bertha Ford; vice-president, Miss O'Neill; secretary Miss Helen Boyden; treasurer, Miss Elizabeth Taylor; committee conveners: social, Miss Lillian Larson; programme, Miss Dacre; education, Miss Shelton; representative to *The Canadian Nurse*, Miss Jean T. MacKenzie; flower, Miss Bertha Clarke; visiting, Miss R. W. Lynn; private duty, Miss Mary Slater; married nurses' section, Mrs. W. Haig.

VANCOUVER: A reunion is being planned of all graduates of the School of Nursing of the Vancouver General Hospital. This is to be held at the same time as the Biennial Meeting of the Canadian Nurses Association which takes place in Vancouver from June 29 to July 4. The Alumnae Association hopes that the reunion will serve a two-fold purpose by affording opportunity for all graduates to meet one another again and, at the same time, enabling the School to obtain a more complete record concerning the present activities of its graduates. Miss Catherine Clibborn, corres-

ponding secretary of the Alumnae Association, requests that all graduates of the School will kindly communicate as soon as possible with the Hospital. Correspondence may be addressed either to the Training School Office, or in care of the Alumnae Association. Kindly give full names and addresses; married nurses should also give their maiden names. Further details will be announced later in *The Canadian Nurse*.

MANITOBA

BRANDON: The Graduate Nurses Association recently held a meeting of which the married ladies' section was in charge. Mrs. Christilaw gave some excerpts from *The Canadian Nurse*, and Miss Marjorie McKenzie gave a delightful reading of "Candida," by George Bernard Shaw. Mrs. Pierson's musical selections, given between acts, were much enjoyed.

ST. BONIFACE: The annual meeting of the St. Boniface Alumnae Association was held recently, the following officers being elected for the coming year: Honorary president, Rev. Sister Krause, St. Boniface Hospital; honorary vice-president, Mrs. H. S. Cresby; president, Miss Margaret Meehan; first vice-president, Miss Stella Madill; second vice-president, Miss Jessie Williamson; secretary, Miss Dorothy Burrell, 421 Banning Street; treasurer, Miss Winnifred Grice; social convener, Miss Mary Wilson; sick visiting convener, Miss Alice Metcalfe; membership convener, Miss E. Margaron; press representative, Miss Enid Parkhill; representatives, Local Council of Women, Mrs. Emmett Dwyer, Mrs. Charles Sharkey; press representative for the M.A.R.N. and for *The Canadian Nurse*, Miss Nell Banks. At the February meeting an interesting address was given by the Rev. Father Meehan, the subject of his talk being "Ethics." A bridge party was recently arranged to raise money for our Scholarship Fund which proved most successful.

WINNIPEG: At the annual meeting of the Manitoba Association of Registered Nurses the following officers were elected to office for the coming year: President, Miss Sadie Wright; first vice-president, Miss J. Houston, Ninette; second vice-president, Miss E. Fraser, Children's Hospital, Winnipeg; third vice-president, Rev. Sister Krause, St. Boniface Hospital. Board members: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Winnipeg; Miss I.

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2. Studies for Graduate Nurses.
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 - (b) Public Health Nursing: a preliminary training.
 - (c) Public Health Nursing: advanced study in special fields:— child hygiene; tuberculosis; mental hygiene; hospital social work; administration and supervision. (Only trained and experienced public health nurses are admitted to this work.)

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Broadfoot, Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, Winnipeg. Conveners of sections: Nursing education section, Miss E. Mallory; public health section, Miss C. Mad-din; private duty section, Miss P. Brownell. Conveners of committees: Directory committee, Miss H. Corelli; social committee, Miss J. Roberts; visiting committee, Mrs. J. Morrison; press committee, Miss L. Kelly; membership committee, Miss P. Anderson; library committee, office staff; representative to *The Canadian Nurse*, Mrs. A. McFetridge.

NEW BRUNSWICK

FREDERICTON: A meeting of the local chapter of the N.B.A.R.N. was held recently with a good attendance. A telephone bridge was arranged and a substantial sum was realized for the general funds. The Alumnae Association of the Victoria Public Hospital held its annual dinner on March 5, when the members of this year's graduating class were the guests of honour.

SAINT JOHN: Meetings of the St. Joseph's Hospital Alumnae Association were held during the months of February and March. A gratifying report was received concerning the proceeds of a Valentine tea which are to be used for furnishing the Home. The good attendance at the study club, held every fortnight, shows the great interest taken by the nurses.

NOVA SCOTIA

HALIFAX: The Halifax Branch of the R.N. A.N.S. is at present conducting its annual refresher course. Weekly lectures are being well attended, the subject of the entire course being tuberculosis work.

HALIFAX: The Alumnae Association of the Victoria General Hospital met recently, when Miss Laura Page presided in the absence of the president, Miss Gertrude Crosby. Musical selections and readings were given by three of the senior student nurses of the hospital.

GLACE BAY: MARRIED: On Feb. 18, 1936, Miss Dorothy Verner (New Waterford General Hospital, 1935) to Mr. William Raymond White.

HALIFAX: The first of a series of lectures and demonstrations given by selected graduates of the Halifax Infirmary to the Alumnae Association was held recently. Obstetric home nursing was the first subject chosen in the recently inaugurated "refresher" talks. Miss Sherman opened the proceedings with an excellent paper to which the closest attention of a large gathering was given. Following Miss Sherman's address a demonstration of preparing a confinement room in the home was given by Miss M. Kathleen MacDonnell, who sup-

plemented a practical illustration of dealing with home maternity problems with an interesting description of various types of patients and situations which arise in maternity practice outside the hospital. Sister Mary Augustine, recently appointed directress of nursing, who presided, complimented the two young nurses on the care taken by them in preparing and delivering their addresses and demonstrations. Two other graduates will be appointed to deal with another type of nursing at the next month's session.

ONTARIO DISTRICT 1

WINDSOR: The annual meeting of District 1, R.N.A.O., was held in Windsor on January 25, with Miss Mildred Walker presiding for the business session. The Mayor of Windsor gave the nurses a hearty welcome. Announcement was made of the annual meeting of the R.N.A.O. which is to be held in Peterborough from April 15 to 17. All reports were very gratifying and a drive is being made for new subscriptions to *The Canadian Nurse*, the quota for District 1 being two hundred. Officers were elected as follows: President, Miss Mabel Hoy, Windsor; vice-president, Miss Doris Shaw, Sarnia; secretary-treasurer, Miss Petronella Schurter, London. Conveners of sections: Nursing education, Miss Evelyn Hazelwood, London; private duty, Miss Madeline Baker, London; public health, Miss Mildred Chambers, Walkerville. Conveners: Permanent education fund, Mrs. Hedley Smith, London; publications, Miss Nellie M. Williams, London; membership, Miss Grace Versey, London. Councillors: Miss Florence Connolley, London; Miss Alice Claypole, St. Thomas; Mrs. Malone, Strathroy; Miss Pettypiece, Chatham; Miss Jane Paul, Sarnia; Mrs. Arthur Johnson, Windsor; Mrs. Ritchie, Petrolia. An informal luncheon was given by the nurses of Windsor in honour of the delegates. Guest speakers for the afternoon were: Dr. Frank Adams, M.O.H. of Windsor, and Dr. Frank McCarroll.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the Brantford General Hospital was held on March 5 with a good attendance. The guest speaker was Mrs. H. S. Sneyd, who recently returned from Japan after living there for twenty-five years. Her interesting talk was illustrated by slides showing life and customs in Japan.

GUELPH: The Alumnae Association of the Guelph General Hospital had a most successful year in 1935. Under the leadership of Miss K. Cleghorn, who has again been elected to the president's chair for 1936, the attend-

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EXAMINATION ANNOUNCEMENT

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ance was improved and the interest materially increased. Lectures by various physicians and surgeons, after visiting important clinics and research centres, did much to keep the members of the nursing profession abreast of the advancement being made, and much credit is due the programme committee. Financially, this Association is better off than ever before, and substantial donations were made to the Children's Shelter, the Victorian Order of Nurses, and also to help with improvements made in the hospital, as well as to the permanent education fund. Showers were given for two members who have recently left the nursing ranks, Miss Margueritta Thomas, of Guelph, and Miss Florence Humphrey, of Kitchener. At the March meeting the speaker was Dr. Jean Miller, recently returned on furlough from China.

SIMCOE: At a recent meeting of the registry of the Norfolk General Hospital, the following officers were elected for 1936: President, Miss Hayward; secretary-treasurer, Miss Howting; assistant secretary, Miss Smart; social committee, Miss Yeager, Miss Woodley, Miss Grossart. Miss Marjorie Buck, superintendent, Norfolk General Hospital, is spending a vacation in Bermuda.

KITCHENER: The play, "Hay Fever," put on by the Waterloo College and sponsored by the Kitchener-Waterloo Alumnae Association proved very successful. The proceeds go toward furnishing a room in the new wing. Miss Scott presented the student nurses with a handsome grandfather's clock for their residence.

MARRIED: On February 12, 1936, Miss Marjorie Ciceri to Mr. Herbert Gemble.

WOODSTOCK: Miss Gladys Jefferson and Miss Agnes Weston have returned from a cruise to the West Indies, and at a recent meeting of the Alumnae Association Miss Weston gave an interesting description of it. Five dollars was voted for the Florence Nightingale Foundation.

DISTRICT 4

HAMILTON: The annual meeting of District 4, R.N.A.O., was held at the Hamilton General Hospital on Feb. 8. One hundred and twenty-five nurses were present and Miss Brewster was again welcomed to the chair. The special speakers were Miss E. MacP. Dickson, who addressed the meeting on "The early struggle for adequate legislation in Ontario," which proved to be a subject of great interest. Miss Buck followed, dealing with the present work and problems of our R.N.A.O.; her contribution to the programme was greatly appreciated. The executive of District 4 held a meeting for the election of officers at St.

Catharines General Hospital on Feb. 29. The officers are as follows: Chairman, Miss Brewster; secretary-treasurer, Miss Sheridan; committee conveners: nomination, Miss Buckbee; membership, Miss I. Murray; programme, Mrs. Blake; finance, Miss Livingstone; permanent education fund, Miss Souter; publications, Miss C. Inrig; enrolment for service in war and disaster, Miss A. Boyd; Local Council of Women: Mrs. Stephens, Mrs. Haygarth. An interesting part of the programme was the presentation of silver to Mrs. Norman Barlow who, for seven years, has faithfully served our district as secretary-treasurer. Miss Annie Boyd made the presentation and conveyed to Mrs. Barlow our sincere appreciation of her untiring service.

HAMILTON: A meeting of the Alumnae Association of the Hamilton General Hospital was held on March 3 with a good attendance. Dr. Stevenson gave an enlightening address on "Brain injuries." Miss Gladys Hemingway (H.G.H., 1927) formerly on the staff of the operating room of the Hamilton General Hospital has accepted a position as operating room supervisor in the Mountain Sanatorium. Miss Alma McIntyre (H.G.H., 1934) has been appointed to the operating room staff of the Hamilton General Hospital. Miss Gladys Akitt (H.G.H., 1929) has resigned her position on the staff of Mount Hamilton Hospital. Miss Ivy Buscombe has been appointed to the staff of Mount Hamilton Hospital.

MARRIED: In November, 1935, Miss Aileen Grant (H.G.H., 1931) to Mr. V. G. Downs.

MARRIED: In December, 1935, Miss Margaret Jones (H.G.H., 1928) to Mr. John Bennett.

MARRIED: In March, 1936, Miss Rhea King (H.G.H., 1934) to Mr. Clifford Oliver.

HAMILTON: Following a recent meeting of the Alumnae Association of St. Joseph's Hospital which was well attended we were guests at a delightful variety programme given by a number of talented nurses in training. Refreshments were served by the Sisters of St. Joseph.

HAMILTON: The Hamilton Unit of the Overseas Nursing Sisters Association recently held their annual dinner. At the head table were the president, Miss Cowan, Miss Eugenia Gibson, Miss Annie Boyd, Professor Macdonald, Miss R. Galloway, Major Stewart Chambers, Mrs. Turner, Miss Williams, Miss G. Walker, Miss Long, Miss Chisholm. A number of guests from Toronto were present. Professor Macdonald gave an interesting address on the "Near East"

DISTRICT 5

TORONTO: The annual meeting of District

APRIL, 1936

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5, R.N.A.O., was held on Feb. 12 in Toronto. Reports were presented from Chapter 1, Oshawa, and by the chairmen of the three sections. Miss Fitzgerald, district enlistment officer, announced an enrolment of 116 members for service in war and disaster. Miss Ethel Greenwood, convener of the permanent education fund committee, reviewed the financial campaign over the last five-year period. The theatre night held at the Royal Alexandra Theatre, Toronto, on Feb. 10 realized \$430, which reduced the deficit to \$719. A motion to encourage contributions from members before planning further group effort in the fall, was carried. In giving the chairman's address, Miss P. Beatrice Austin reported membership at the close of 1935 as 601, the number paid up for 1936 being in excess of the total at the corresponding date last year. According to the findings of a survey presented in Miss Beamish's report of the Membership Committee, the possible membership, however, is approximately three thousand.

Mrs. J. C. Ratcliffe of the teaching staff of the United Church Hospital at Weihwei, China, who is a guest at the School of Nursing at present, spoke on "The education and organization of nursing in China." She expressed confidence that state registration would be achieved this year under the National Government and that the new curriculum would include public health teaching in the three-year course in 169 registered training schools. Officers for 1936 were elected as follows: Chairman, Miss P. Beatrice Austin; vice-chairman, Miss Irene Weirs; secretary-treasurer, Miss Gladwyn Jones; chairmen of sections: Private duty, Miss Winnifred Worth; nurse education, Miss W. L. Chute; public health, Miss Mildred Sellery; councillors: Miss Jean Anderson, Miss Jean Mitchell, Miss Edna Moore, Miss Jessie Farquharson, Miss Maud Wilkinson, Miss Florence Kelsey.

TORONTO GENERAL HOSPITAL: The Alumnae Association of the Toronto General Hospital held its annual meeting on Feb. 5 when Mr. Arthur Lismer gave us an interesting illustrated address on "The study of pictures." The election of officers resulted as follows: Hon. president, Miss Jean I. Gunn; president Miss Nettie Fidler; first vice-president, Miss Edna Moore; second vice-president, Miss Jean Anderson; secretary-treasurer, Miss Gertrude E. Durie, 1 Ridley Gardens; councillors: Miss Elvira Manning, Miss Jean Mitchell, Mrs. B. Hassard; archivist, Miss Jean Kniseley; committee conveners: flowers, Miss Effie Fergie; programme, Miss Mary MacFarland; press, Miss Sadie Williams; nomination, Miss Hilda McLennan; social, Miss Esther Strachan; The Quarterly, Miss Mary Fidler.

Miss Helen Little (T.G.H., 1935) and Miss Doris Le Measurier (T.G.H., 1934) have joined the staff, as floor nurses. The staff of nurses have had several interesting opportunities of hearing Mr. Strange speak on "Books."

The Hospital for Sick Children, Toronto, has notified the Department of Health and other health agencies of an increase in the number of cases of lead poisoning in young children between the ages of twelve months and four years. Of thirty-five diagnosed cases in the last three years, five have died, one has become permanently retarded. It is believed that children become poisoned from biting the paint off cots, play pens, carriages, verandah rails, furniture of toys which have been repainted. The paint on new articles for children is always lead-free and therefore quite safe. Since lead-free paint is easily obtainable, it should be used entirely in repainting articles with which young children will come in contact.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, R.N.A.O., held a meeting recently, when Miss H. Anderson, vice-president, presided in the absence of the president, Mrs. La-Plante. Dr. G. Murray Fraser, medical officer of health for Peterborough, was the guest speaker and delivered a forcible address on tuberculosis and also upon the control of milk. He concluded with a few words regarding the registration of nurses.

PETERBOROUGH: The annual bridge held by the Alumnae Association of the Nicholls Hospital, was held recently. Sixty-five tables played and the proceeds are to be used for charitable purposes.

LINDSAY: The Alumnae Association of the Ross Memorial Hospital recently sponsored a most successful dance. The officers elected for the coming year are: Hon. president, Miss E. S. Reid; president, Miss Isobel Hickson; first vice-president, Mrs. Cresswell; second vice-president, Mrs. R. I. Moore; corresponding secretary, Miss Dorothy Wilson; treasurer, Miss D. Schofield; convener of social and flower committee, Miss Marguerite Hopkins.

DISTRICT 7

KINGSTON: An enthusiastic and well attended meeting of the Alumnae Association of the Kingston General Hospital was held recently with the president, Miss Baillie, in the chair. This year the Kingston General Hospital Nursing School will celebrate its golden jubilee, for in 1886 the first student nurses were admitted and the school established. To commemorate this event the Alumnae Association is making plans for a special celebration which will take place on June 22, 23, 24 and 25. The gift of a cheque for \$100 from Dr. H. C. Connell,

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towards the expense fund for the golden jubilee celebration, was received with enthusiasm. Tentative arrangements were made for Violet Day, which will take place on Easter Saturday. The new K.G.H. graduate nurses' uniform was officially adopted as the standard uniform.

DISTRICT 8

OTTAWA: The annual meeting of District 8, R.N.A.O., was held on Feb. 5 with Miss Jean Church presiding in the absence of the president, Miss Blanche Anderson. The afternoon session was devoted to reports of the various activities and an address was given by Dr. J. E. Plunkett on "Common laboratory tests and their interpretation." At the evening meeting, Miss Gertrude Bennett, superintendent of nurses in the Ottawa Civic Hospital, gave a short résumé of the history of the Registered Nurses Association of Ontario, and Miss Charlotte Whitton, C.B.E., gave an address on "Social insurance, with special reference to health insurance." The following officers were elected: Chairman, Miss Maude Hall; vice-chairman, Miss Kathleen Bayley; secretary, Miss Mary Acland; treasurer, Miss Evelyn Allen; councillors: Miss Gladys Clarke,

Miss Marjorie Downey, Miss M. MacLaren, Miss Jean McEwan, Miss Grace Tanner and Miss Mary Thompson.

OTTAWA: The Lady Stanley Alumnae Association held their annual dinner recently with about sixty members present. Receiving the guests were the Misses Mary Slinn, E. McColl and M. McNiece. An interesting item in the programme was contributed by Miss Mabel Stewart, who read a history of the Lady Stanley Training School for Nurses since its foundation in 1891, by Lady Stanley of Preston, until it merged with the Ottawa Civic Hospital in 1924. Reference was made in this history to the story of the original of the Stanley crest which adorned the pins and diplomas of the graduates. A member of each class represented at the dinner gave a short life story of the members of her class since their graduation. The guests included Miss A. Cameron, who was the first nurse to train at the school.

DISTRICT 9

GRAVENHURST: At a recent meeting of the Gravenhurst Chapter, Dr. Kendall gave an instructive talk on sanatorium routine. Miss Sylvia Howard presided, and Miss Howard

read an interesting article by Minnie Halman, M.D., telling of her varied experience as nurse and doctor.

NEW LISKEARD: The Haileybury, New Liskeard, Cobalt Chapter recently held a meeting at the home of Mrs. Shepherd, Cobalt. Following the business session a delightful evening was spent at bridge.

SAULT STE. MARIE: The Rev. Mother Superior presided at a round-table discussion on anatomy and physiology at a recent meeting of the Soo Chapter which was held at the General Hospital; the discussion proved both interesting and instructive. Miss Elizabeth Gordon presided.

NORTH BAY: At a recent meeting of the North Bay Chapter, Miss Stella Casey read a paper entitled "The aims of nursing," and Miss Alice Quinlan presided. Sympathy was extended to Mrs. James O'Shea (A. M. Gallagher) in the recent death of her mother.

SAULT STE. MARIE: The General Hospital Alumnae Association recently held a benefit entertainment, the proceeds of which will be used to purchase furniture for a room in the General Hospital. Miss Evelyn Hoodless left recently to take a postgraduate course in the Children's Memorial Hospital, Montreal.

QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL: Interesting letters have been received from Miss Edith Buchanan, who resigned from the teaching staff in December, to spend some time with her father at Amkhut, India. Miss Geraldine Strum (R.V.H., 1933) has resigned from the operating room staff, and Miss Catherine Drummond (R.V.H., 1935) has succeeded her. The resignation of Miss Kathleen Jamer, who for some years has been the executive secretary-treasurer of the R.V.H. Alumnae Association, has been accepted with regret.

Please address all correspondence to Miss Helen Eberle, Royal Victoria Hospital, who has succeeded her.

QUEBEC: At a recent meeting of the Alumnae Association of Jeffery Hale's Hospital, Major Watson, assisted by Mr. Fulton, gave an interesting illustrated lecture. Miss M. Fife (J.H.H., 1936) is temporarily on the staff. Our sympathy is extended to Miss E. Ball (J.H.H., 1930) in the death of her father.

SASKATCHEWAN

SASKATOON: Over a hundred and twenty nurses attended the refresher course recently held at St. Paul's Hospital and the Saskatoon City Hospital. The Saskatchewan Registered Nurses Association wishes to thank Dr. J. S. Brown for the splendid lecture given on "Children's Diseases"; Dr. D. M. Baltzan for the illustrated lecture on "Advanced medical treatments"; Dr. W. S. Holmes for an excellent demonstration on "An obstetrical case in the home"; Mr. L. Shaw, superintendent of the City Hospital, for his illuminating talk on the "Administrative view point of special nursing in the hospital"; Dr. J. W. McNeil for his address, "Mental hygiene," and Dr. O. J. Gruener for his illustrated address entitled, "Recent researches in cancer." Miss C. Murray spoke on "Private duty nursing in England," and Mr. E. Whitmore dealt with "Legal points in nursing"; Dr. J. A. Shanard, of the University of Saskatchewan, spoke on "The psychology of nursing"; Miss Helen Sneddon of the Victorian Order of Nurses and Miss A. Timmons, instructress at the St. Paul's Hospital, gave two practical demonstrations. Those attending the course were guests at delightful luncheons given by St. Paul's Hospital and the City Hospital.



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PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg.
PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

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OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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Registered Nurses Association of British Columbia

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MANITOBA

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St. Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

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Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

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ONTARIO

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Conveners: Social and Flower, Mrs. J. Bell; Press, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: Nursing Education, Mrs. Young, Sr. Mary Helena; Public Health, Miss Smith; Private Duty, Miss Cowgill, Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Visiting, Miss Armstrong; Representative to The Canadian Nurse, Miss M. Armstrong.

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

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MANITOBA

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NURSING CARE IN THORACOPLASTY

THELMA McKENZIE, Medical Nursing Supervisor, The Royal Victoria Hospital, Montreal.

The thoracoplastic operation is commonly performed for the relief of patients suffering from tuberculosis. As a rule it is done only when the disease is unilateral and in certain selected cases in which artificial pneumo-thorax cannot be accomplished or is not satisfactory. If there is only a slight involvement of the other lung, and it is arrested, the operation is sometimes done, depending on the physical condition of the patient. The object of the operation is to give a permanent collapse to the affected lung and prevent the spread of the disease to the sound lung. The results hoped for by doing a thoracoplastic operation are: (1) That the sputum will be reduced either completely or to a negligible amount and will be negative for acid fast bacilli; (2) that the patient may make up his weight loss and, after a considerable convalescent period, be well enough to go about among other people; (3) that by guarding his health carefully and having periodic health examinations he may lead a comparatively normal life.

The operation may be done in one, two, or three stages depending on the amount of collapse accomplished each time. It depends on the patient's physical condition as to the amount of collapse attempted at each stage. The upper stage is usually done first, a posterior incision being made on the affected side. The ribs are removed from the transverse processes of the vertebrae as far forward as is necessary to collapse the diseased por-

tion of the lung. Sometimes all the collapse required can be done from the posterior incisions but very often an anterior incision has to be made, in the axilla, at the third stage to remove the anterior portion of the ribs as far forward as the sternum.

The ribs alone are removed, leaving the covering which is known as the periosteum. The periosteum regenerates bone, and when left, new bone forms which helps to make the chest solid again. The chest is altered in shape, due to the removal of the ribs. The interval between each stage is from twelve to sixteen days, depending on the patient's condition. An X-ray is taken between each stage, and after the operation is completely finished, in order to determine the amount of collapse obtained.

Care is taken when doing the operation not to remove too much rib at one time and thus expose the heart or interfere with the mechanical breathing. The resulting paradoxical breathing, when the chest on inspiration moves inward rather than outward and on expiration moves outward rather than inward, may be severe enough to interfere with the heart action and the inspiration of air. The patient then becomes cyanosed, the pulse-rate increases, respirations are short and rapid, the blood-pressure falls, and the patient may go into shock.

The nurse must possess both knowledge and skill for these patients require *nursing* in every sense of the word. Nursing



The illustration shows cavity in apex of left lung, due to tuberculosis.

care begins on the admission of the patient and not only with the post-operative period. It is necessary to put the patient at ease when admitting him, and to allay any fears he may have about coming to a hospital. It must be remembered that he has been ill for a long time and still has a great deal to go through. The patient is usually ambulant and has sometimes travelled a considerable distance by train from a sanitarium. He is no longer acutely ill but has become chronic and therefore is allowed a few more privileges, such as walking, a little reading and mild forms of occupation. Any patient who has a temperature, or is easily upset, is not, however, allowed these privileges.

The operation may mean the patient's salvation, although the utmost courage and endurance are demanded, since he has not only one ordeal to face but pos-

sibly three separate operations, each critical and painful. The nurse can be of infinite help in assisting him to build up his courage and morale. She should reassure him, and in winning his confidence and co-operation she will already have accomplished a great deal. During the pre-operative period the patient must be kept as free from worry as possible. He should have considerable rest and his bed should be put on the balcony each day unless the weather is too extreme. A book, a few visitors, and some form of light occupation are helpful in keeping him contented.

It is essential to give special attention to the diet of a tuberculous patient as he usually suffers from anorexia. He should have frequent diets of nourishing and appetising food. Even the plainest food should be well cooked and attractively served. Fresh fruits, vegetables, and

salads are desirable. The patient can only manage small servings and very often will prefer a sandwich on a lettuce leaf to a whole dinner.

Medical asepsis is very important and strict supervision and discipline are necessary. The patient coming from a sanitarium has been taught the methods and reasons for isolation technique but when he has not been to a sanitarium or had supervised care he must be taught to keep the sputum bottle or box covered, cover his mouth when coughing and place soiled handkerchiefs of Kleenex or Cellu-cotton in the paper bags provided. The nurse must wear a gown when caring for him and see that his dishes are boiled and that isolation technique is carried out.

All the tuberculous patients should be together in a sunny and well ventilated ward; for the very ill or post-operative

case a side-room is essential. Every patient should have separate equipment and blankets of a special colour, known all over the hospital as being for the use of tuberculous patients only. These patients have many tests before operation and the coloured blanket designates to each department that precautions must be taken.

In post-operative care, rest and quietness are most important and the patient should be assigned to a separate room and a Gatch bed provided. The patient lies on the operated side on his return to the ward, as this allows more freedom to breathe with the good lung. The nurse must be very observant and keep a full and accurate account of his condition. A chart is kept of the temperature, pulse, respiration and blood-pressure. The volume as well as the rate of the pulse should be noted because, if the pulse-rate



The illustration shows the left lung completely collapsed as a result of the thoracoplastic operation.

increases and the blood-pressure falls below 80, it may indicate haemorrhage or shock, and the doctor should be notified.

The breathing must be watched carefully, cyanosis noted and the extent of the paradoxical breathing. The patient finds it very difficult to breathe during the first few days because the exposed nerves and muscles cause considerable pain. Cyanosis, and even mild paradoxical breathing, worry him a great deal and give him the feeling that he is suffocating. Oxygen, and an intravenous set should be ready for emergency use and the dressing should be examined frequently for signs of haemorrhage.

Sedatives are always administered to relieve pain, usually morphine gr. $\frac{1}{4}$, hypodermically every four hours as necessary. This is gradually decreased as the pain is lessened and codeine gr. 1., or aspirin with codeine gr. $\frac{1}{8}$ are often given, as directed, when the morphine is discontinued. Morphine sometimes cannot be tolerated and the nurse should report this so that other sedatives may be substituted. The nurse's judgment is valuable in knowing when a sedative is necessary and in watching for untoward symptoms caused by the use of these drugs.

Cough is one of the greatest annoyances to the post-operative patient as it both causes pain and tires him. If the cough is irritating and there is no sputum, a sedative is given to stop the cough. If the patient has sputum then he is encouraged to cough at regular intervals and to expectorate so that he may have definite rest periods in between attacks. A sedative is frequently given after the expectoration is over to help the patient to get some rest.

The amount and character of the sputum is charted each day and great care must be taken in its disposal. If cardboard containers are used they should be wrap-

ped up and burned immediately. Glass bottles are sometimes used in hospitals so that the surgeon can more readily examine the character of the sputum each day and the amount be measured. The sputum is covered with formalin, a stopper placed on the bottle and the bottle emptied and sterilized under supervision. Any exertion on the part of the patient must be avoided as much as possible. Two nurses are required to lift or turn him and to assist when the dressing is being changed. One nurse supports him and the other nurse helps the doctor. The nurse should support his head and neck as any strain pulls on the sutures, causing pain. She must remember to keep her head turned away from him in case he coughs. After five or six days he is more accustomed to the restricted breathing, feels stronger and, when the sutures are removed, can move easily with the assistance of one nurse.

When changing the under sheet of the bed, the upper part should be done first with the patient supported in the sitting posture. The pillows are arranged and placed, while he is still sitting up, several being necessary for his comfort. They are usually placed diagonally so as to afford support to the arm on the operated side and to the small of the back. He sits in Fowler's position as this is most comfortable. A rubber pillowcase should be placed on the pillow next him on the operated side, in case the discharge from the dressings soak through. The night-gowns should be changed frequently and alcohol rubs given, as these patients perspire a great deal. Special care should be taken of the back by frequent sponging and rubbing and by keeping the draw-sheet tight and dry. An air ring is of great assistance.

Chest binders are frequently used for the post-operative patient. Tight adhesive strapping is used over the affected side with nothing on the sound side for

the first few days so the breathing will not be interfered with. A tight binder is then applied to give support. It is made of a double thickness of flannelette, in one straight piece twelve inches wide, with two shoulder straps. The binder, when applied, should be pinned vertically and fitted tightly; it can be removed and readjusted each time the back is washed and rubbed, or the dressing is done.

Again, we have much difficulty in feeding the post-operative patient who tires very easily, due to the restricted breathing. Small, frequent, nourishing feedings must be given with as much variety as possible and the patient should be fed until he is strong enough to manage alone. It is necessary to chart the intake and the output each day.

Reassurance and occupation are essential as the patient is apt to become depressed and to worry considerably. In order to avoid fatigue visitors must be restricted until the patient is well enough to receive them. Even then, not more than one or two should be permitted and only for a short time. The nurse must teach the patient to adjust to his need for a long rest and convalescent period and all arrangements for this should be made before he leaves the hospital. It is only by actual clinical experience in nursing these patients that the nurse becomes proficient in caring for them, and special training in both the sanatorium and the hospital help her a great deal in understanding the patient's worries and anticipating his needs.

VANCOUVER'S JUBILEE

A holiday in Vancouver, British Columbia, really means several holidays in one. Only a city so fortunately situated, in the midst of a veritable storehouse of scenic treasures, could afford the variety of vacation attractions. This summer, an added fillip is given in the elaborate programme of Vancouver's Golden Jubilee year celebrations, from July to September, when all the colour, romance, melody and thrills that could be expected in entertainment features from historical pageantry to sophisticated merriment, will illustrate the city's cavalcade of remarkable progress in the past fifty years.

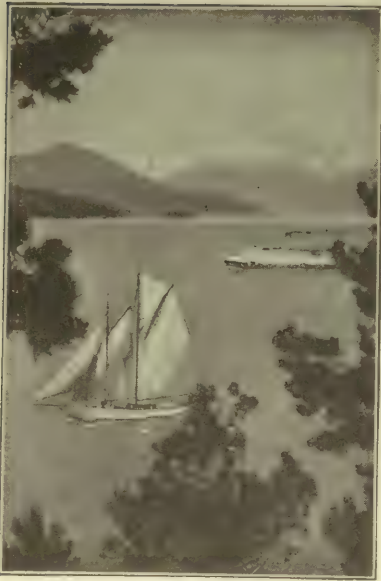
Just a few blocks from the heart of the city lies part of the dense forest that pushed down to the shores of the harbour a half-century ago. Mighty evergreen giants tower above the lovely gardens, refreshing lawns, bathing beaches, lakes and Lost Lagoon of Stanley Park, cover-

ing one thousand acres. And it is in this magnificent setting that many of the most impressive Jubilee features will be located.



COMING THROUGH THE ROCKIES

(Courtesy of Canadian Pacific Railway)



SAILING ON HOWE SOUND

A seven-mile sea road girts the park and from this driveway it is possible to glimpse the ancient Indian burial grounds, the totem poles and the memorial to Pauline Johnston, poetess and Indian princess; Prospect Point signal station for shipping traffic through the picturesque Lions' Gate, and the legendary Siwash Rock with its lone tree.

Indian craftsmanship will be one of the Jubilee features in the park, while suggestive of Vancouver's trade with ports of the Pacific basin will be the Hawaiian and Fiji villages and Oriental tea gardens. In this great natural theatre, sport events and an ambitious musical and dramatic programme will be presented. At night, it will be a fairyland with myriad coloured lights, fireworks and illuminated fountains.

The automobile drives are always a source of unexpected delight. With every bend in the road, some new and captivating panorama is disclosed. The Marine Drive sweeps past the University of British Columbia and catches a bit of the grandeur to be seen on boat trips up Howe Sound. It also commands a com-

elling vista of the delta and mouth of the mighty Fraser River. Across Burrard Inlet, the North Shore Marine Drive is equally entrancing with its view of Vancouver's skyline, Stanley Park and the Gulf of Georgia. And as it winds its way through an exclusive residential area towards summer resorts, it reveals a picture that has won it the name of the little Côte d'Azur. From this drive open other adventures into the mysteries of the mountains that provide a protecting wall to the north of Vancouver, into the rugged beauty of Capilano, Lynn, Seymour and Grand Canyons. At Capilano, a 450-foot steel cable suspension bridge sways 210 feet above a wind-swept gorge down which the turbulent Capilano River races in cataracts and whirlpools to the Inlet. It is the rivers of these canyons that furnish Vancouver with its sparkling, cool drinking water.

By the throngs that invade its thirteen bathing beaches, it would seem that Vancouver is a city in bathing suits. At Kitsilano, a fine open air, salt water swimming pool provides good sport and excellent facilities for diving exhibitions. During the Jubilee celebrations, this beach will be even more attractive with aquatic sports and regattas.

For tourists who enjoy longer drives, there is the Cariboo Highway, modernized version of the old Cariboo Trail that led to the famous gold fields and which once echoed with the gallop of pony express, the squeaking of covered wagons, the hopeful tread of prospectors and the soft padding of camels. Nature's incomparable handiwork crowds up to the side of the road all the way. Or, for about two hours through serene pastoral scenes, mountain and river country, one of the outstanding spots of the Evergreen Playground is reached: Harrison Hot Springs, the Spa of Canada. Here, nestling at the foot of mountains, a splendid hotel, surrounded by old-world gardens, bowling greens, tennis courts and golf course,

looks over the placid waters of Harrison Lake, beside which health-giving mineral waters boil out from living rock. Boat trips up the North Arm, eastern extremity of Vancouver's great land-locked harbour, or up Howe Sound and in and out of British Columbia's innumerable picturesque fjords are a revelation of ever-changing enchantment.

Vancouver's justification in so celebrating its fiftieth anniversary is clearly evidenced. In gala attire, with parks and

gardens in mad riot of bloom and a wealth of flowers from several acres under special cultivation, Vancouver invites the world to a grand birthday party. It invites you to enjoy its innumerable scenic attractions and to participate in the revelry of carnivals, pageantry, street dances, balloon races, spectacular air show, military and naval demonstrations, the Canada-Pacific Exhibition, and the jubilation in attaining its Golden Jubilee year.

Correspondence

Up North

EDITOR'S NOTE: Many of our readers will remember Miss Mildred Rundle's excellent article entitled "Farthest North" which appeared in *The Canadian Nurse* for January, 1935. This time she writes from the Anglican Residential School for Indian children at Fort George, James Bay. And where is that? You go via Moosonee, but trains don't run every day. We quote from Miss Rundle's letters:

I am school nurse and also district nurse in a district with a population of seven hundred people. The nearest doctor is three hundred miles away and visits us only once during the summer. Even though this post is not as far north as my previous one at Aklavik, the mail service is even worse, for there are only two regular mails a year, one in July by boat and then a dog-team mail in winter. I believe we have the most northerly Junior Red Cross branch in the world.

My most interesting case is an Indian girl about twenty-five years old. She fell while sliding in 1923 and hurt her left knee; since then she has been badly crippled, but walked with sticks until she had another fall and became almost entirely helpless. She now has a very humped back, her left leg is bent at the knee and was swollen badly. After finding out all I could, I got her to the point where she really wanted to walk and she was brought into the hospital. Within a week, she could lift both legs out of bed and put some weight on them. I continued to work with her, and

at the end of the month she was able to stand with the help of crutches and even to shuffle along a little. The swelling in the injured knee is reduced, but it is still flexed; however, it will now allow the lower limb to move about two inches and all the other joints move perfectly. She was only hospitalized for a month and has since been kept here as the guest of the Mission.

My dentistry has come in very useful. Using a local anaesthetic, I have pulled three teeth, one for an Indian girl of nineteen, another for our old Indian handy-man, and another for the wife of the manager of the Hudson Bay Company. I have even tried filling teeth but the wax does not stay in long.

I do not go out for maternity cases, unless there is trouble. They usually manage very well with rags and moss. The baby is washed with a bit of rag dipped in hot water which is kept in a lard pail. The water is heated on a fire made on a mound of earth placed inside a ring of stones and there is always an abundance of smoke. Oh, my poor eyes! I just let them run. We have had an epidemic of German measles but nobody was very ill. Intestinal influenza has been hanging around, too, but the Indian children have weathered the past few months very well, and the staff members have not lost any time. I am not giving an account of these things for my own credit, but rather to show the need for medical aid of some sort.

Up here there are no "dark days" or mid-

night sun, and the Northern Lights neither colour nor move rapidly as they do farther north. Very few people have dogs and the men have to pull the sleds themselves. All branches of Women's Auxiliary work are carried on, Miss Nesbitt and I are sharing the Church Boys' League work and I have spoken twice at the women's meetings, and expect to give first-aid demonstrations. All this has to be done through an interpreter, and the first-aid will have to be simple and to the point for people who live in wigwams and never have a bath nor remove their clothes even to sleep.

I could write reams about my twenty-three Indian boys whom I fuss over like a mother. Indeed they do look upon me as their mother during their time at the School.

MILDRED RUNDLE, Fort George.

In a Pioneer Colony

I have had experience in nursing, since my graduation five years ago, in private duty, district and industrial work, but the work I like best of all is pioneer nursing. Here we have such a wonderful opportunity of seeing the conditions which exist among poor people and what a wealth of satisfaction one can derive from hearing some poor mother whisper: "Thank you, nurse." I am going to describe a day that I recently spent in a pioneer colony. On the previous day there had been a terrible storm, so severe as to render the roads impassable for horses, and all the telephone lines were broken. At three in the morning Mr. L. came to my house and said, "Nurse, my wife is very sick; will you come?" It was an obstetrical case so I dressed hastily, snatched my kit which contains everything necessary, put on my snowshoes and started on my way. It was awfully cold and took two hours to reach my destination. What a picture are those log cabins in that snow-bound colony on a wintry morning! Arriving at the cabin I found the poor woman suffering terribly, but finally I got things in readiness and one surely has to improvise. The case was not over until noon, but everything went well and I helped usher into the world a big nine-pound baby girl. I stayed awhile with the patient in her little log-cabin home, spotlessly clean, but in direst poverty. Then, when she was comfortable and left to the care of her mother-in-law, I made my rounds among the other neighbours — did a dressing on a little boy's foot, and instructed another mother in pre-natal care. Promising

that I would return the following day, I trudged along home, after my long day spent among those husky pioneers, tired but thoroughly happy.

MARGARET A. BRANCH,
South Bathurst, N.B.

A Gilt-edged Investment

About two years ago, there died in Edinburgh an aged nurse of a distinctly Scottish type, a unique personality who was little known to the general public. This tribute was paid to her character by a lawyer who had been well acquainted with her:

"For some fifty years she had served in the noblest profession of all — that of nursing — both in castle and cottage. On sundry 'interesting occasions,' she attended the late German Empress and the Princesses of Battenberg and of Pless and thus experienced, behind the scenes, the torrid light which beats upon a throne, and knew both its brilliant sunshine and bitter shadows. She knew, too, the depths of riches and the heights of poverty, and withal remained to the end, as she was born, a simple, humble and independent Scotswoman — one, indeed, of Nature's own gentlewomen. She had only two investments — her Post Office savings book, and a holding in Samnugger Jute, given by a grateful and wealthy patient. The annual proceeds of this holding, combined with the results of needlework, had proved her mainstay. Despite her meagre income, she had resolutely refused to accept the old age pension and suggested that her savings be also placed with the jute company. 'No, Nurse Potter,' I said, 'your small capital must be placed in a gilt-edged investment, and that means five per cent yield, maximum.' 'A gilt-edged investment, did ye say? Five per cent?' she queried. 'Five per cent! I've got a gilt-edged investment, and it's gi'en me a hundred per cent this lang while syne.' 'Aye!' she continued, relapsing into the telling tongue of her far-off youth, 'ye may well look! — a hundred per cent ilka year, and ilka day o' ilka year, thae sixty years gone.' Stretching, with frail arm, to the table beside her chair, she lifted down a shabby and tattered old Bible, notable for the presence of thumb-marks and the absence of once-bright gold leaf: 'There's no muckle gilt left on the ootside edges noo, but a' the gowd's yet within!'"

Contributed by MABEL McMULLEN, R.N.,
St. Stephen, N.B.

THE EDITOR'S DESK

Salute!

In the month of May the editor's desk blossoms out with invitations to graduating exercises. Very smart they are, too, with their severe engraving and lists of successful candidates—prize-winners and all. The procession of the graduating classes can never be watched unmoved. No matter how often the ceremony is repeated it retains its quality of youth and freshness—it is the pageantry of the Spring. For the first time in several years, there is now a promise of better things for these young women. As yet it is no more than a promise, but there is abroad in the land a spirit of hope. Perhaps the Winter is over and gone. We salute the Spring!

Reader's Guide

This month we give pride of place to an article dealing with the science and art of nursing: Miss Thelma McKenzie, medical nursing supervisor in the Royal Victoria Hospital, Montreal, gives us a clear and interesting description of nursing care in thoracoplasty. △ So many complimentary references have been made to Miss Lyda Anderson's article on community nursing bureaus that we persuaded her to submit to being summarily "interviewed." The resulting article justifies our editorial pertinacity and increases our debt to Miss Anderson. △ Our readers will certainly remember Dr. H. B. Atlee's provocative article: "Uniforms and stereotyped minds." In more serious vein he now puts forward a scheme for a unified School of Nursing in Halifax. We are firmly of the opinion that the general principles on which Dr. Atlee's plan is based are capable of application in several Canadian centres though we hope that Halifax may show the way. We have always felt that there is something about the Maritimes—but perhaps we had better stop; we might stir up a spirit of rivalry in the West. △ The whole question of maternal care is in the minds

of many nurses, especially those engaged in public health and visiting nursing. Under the auspices of the Canadian Welfare Council an excellent report has been prepared, a synopsis of which is presented in this issue. It deserves close study for it reveals the need for better teaching and practice in this important branch of our professional work. Copies of the Report itself may be obtained on application to the Canadian Welfare Council in Ottawa. △ The charms of Vancouver are set forth in this issue in such an irresistible manner that before you know it you will be heading westward. △ In "Notes from the National Office" the Executive Secretary of the Canadian Nurses Association gives an interesting résumé of the activities of the Provincial Associations of Registered Nurses—and, in case you overlooked it the first time, full information is again offered covering hotel accommodation at the Biennial Meeting.

One of Ours

A fine tribute was paid to Isabel Maitland Stewart in the January issue of *The American Journal of Nursing*. It was written by Effie J. Taylor, Dean of the Yale School of Nursing, who has been her colleague and friend for many years. The New York League of the National Federation of Business and Professional Women recently singled her out for her magnificent achievement in the field of nursing education. Her name is known in every country of the world as one of the most outstanding leaders our profession has ever produced. Her influence in international nursing affairs has been most beneficent and she has quickened the minds and stirred the imagination of nurses in every part of this continent. Yet, to us in Canada, she is something more—she is a good nurse, skilled, deft and kind; it is thus that her patients remember her. Isabel Stewart belongs to the world—but she is one of ours, and we are proud to claim her.

Department of Private Duty Nursing

I AM INTERVIEWED

LYDA W. ANDERSON, R.N., Director of The Community Nursing Service Bureau of Detroit; Executive Secretary, Detroit District, Michigan State Nurses Association.

The editor of *The Canadian Nurse* has subjected me to an "interview" regarding the organization and functions of the Community Nursing Bureau of Detroit. Here, then, are her questions which I have answered to the best of my ability.

What groups are represented on the Board of Directors? Are physicians included? Are registrants represented?

This question is answered by this section of our by-laws: "The Board of Directors of the Detroit District, Michigan State Nurses Association, shall appoint annually the personnel of the board of directors of the Community Nursing Bureau, according to the standards under which the bureau operates. This personnel shall be composed of seven persons, four of whom shall be members of the Detroit District of the Michigan State Nurses Association, representing the different branches of nursing including private duty, institutional and public health nursing. The Wayne County Medical Society is represented by one of its members. The two remaining members include one hospital executive and one lay person."

The Bureau, although it has its own directors, has not yet been entirely divorced from the control of the Detroit District, M.S.N.A., since the Bureau is subsidized from the treasury of this organization.

Is there a managing committee which actually directs the enterprise? How is this constituted?

The direction and control of the Bureau are vested in a Board of Directors made up of members from the local District Nurses Association and members of

the medical profession and the lay group. The members of the medical profession and the lay group serve on the board in an advisory capacity.

How is the organization financed? From what sources is its revenues obtained?

Each registrant pays an annual placement fee of \$9.00. The total amount received from this source is augmented by the subsidy paid from the treasury of the Detroit District of the M.S.N.A. We are planning to put the placement fee on a percentage basis. For example, we would set the maximum annual fee at \$15.00 or \$20.00, charging the nurse a certain percentage on the calls she actually receives.

What paid staff is employed: (1) professional; (2) clerical?

Four full-time registrars and one-part time registrar, all of whom are professional nurses. The clerical staff consists of a bookkeeper, a stenographer, and a copyist.

Where is the headquarters situated? Is twenty-four hour service available?

In the Community Fund Building, which houses the agencies of The Community Fund. The Joint Council on Community Nursing is one of the agencies of the Community Fund, and the executive secretary of the Detroit District Association is also the secretary-treasurer of the Joint Council on Community Nursing. The headquarters of the Detroit District Association occupies the same rooms as the Community Nursing Bureau and the director of the Bureau is also the executive secretary of the Detroit District Association. The clerical staff mentioned above serves the Association as well as the Bureau. Twenty-four-hour service is available.

A previous article, prepared by Miss Anderson, dealing with community nursing bureaus in general, appeared in the March issue of the *Journal*, p. 116.

What workers are accepted as registrants; (1) fully professional; (2) undergraduate; (3) trained auxiliary personnel; (4) "practical" nurses; (5) household workers?

Professional registrants are offered for hourly service, for continuous eight-hour-day service and for "resident" service in the home given by the day, the week, or the month. Only in exceptional cases are undergraduate applicants accepted. We prepare our own practical nurses by giving them a course of instruction which extends over a period of six weeks and consists of lectures, demonstrations and practice work. The course is sponsored by the Joint Council on Community Nursing and is financed by The Community Fund. One full-time instructor and one part-time supervisor in the field, both of whom are graduate nurses, are on the pay-roll. The executive secretary of the District Association is the secretary-treasurer and this has seemed a valuable tie-up. The advisory committee to the Department of Practical Nursing is having a meeting soon, when we will discuss the change of name of "practical nurse." The committee fixes the standards for instruction as regards quantity and quality. Household workers are being prepared at the Y.W.C.A. and will register with us for placement; they will be sent into the homes where little or no nursing service is needed.

By what standards is eligibility for registration determined in each of the groups?

Eligibility of the professional registrant is based on the following requirements:

Diploma from "Class A" school of nursing.
Registered in the State.

Satisfactory credentials from school of nursing.

Satisfactory references, recommending the nurse for the particular specialty for which she is seeking vocational placement service.

Satisfactory interview with the director of bureau.

In the case of a private duty nurse, a satisfactory answer to questions accompanying

application blank sent to superintendent of nurses.

Must be within required age limitations.

Eligibility of the non-professional registrant is based on the satisfactory completion of the course sponsored by us.

What measures are taken to maintain discipline and deal with complaints?

We do not use the term "discipline"; we have created "terms of agreement" with our registrants rather than rules and regulations. When there seems to be an irregularity of which the registrant is guilty, she is invited to come in for an interview with the director.

Is supervision exercised over the actual work done by (1) the professional workers; (2) the non-professional workers. If so, by whom? Does supervision involve any special difficulties?

We carry on direct supervision of the non-professional registrants. A graduate nurse has been selected for this work and is at present on a part-time basis. Formerly, when the budget was more liberal we had a supervisor on full-time.

There is only "indirect supervision" of the professional registrant. We follow up her work and then seek interviews with her frequently. She is invited to come in for advice. After all, supervision should be advisory counsel. You ask if it involves any special difficulties. With the non-professional registrants—no. The people already know that this is our system but we may have to say to some of our newer clients that we have this service and that we invite them to use it. There have been one or two instances, in our long experience, when a doctor telephoned and said that he did not want any supervision of the practical nurse. I think we might have a great deal of difficulty if we did not always pave the way for the supervisor; the nurse, herself, tells the patient that there is a supervisor available and, if she finds the patient is agreeable, the supervisor, after telephone conversation with the nurse, decides

whether to enter this home or not. Naturally, the people are not yet educated to this service and are suspicious that the nurse is not reliable if she must be watched. Also, they claim that this is their private concern, they have selected the nurse, they are paying her and they do not thank anybody for coming into the home to dictate.

I often wonder if the doctor would not like to be relieved of the responsibility of prescribing the nursing service and whether he would be willing to allow the director of the Bureau or the nurse supervisor to do so. The doctor would first make the diagnosis and prescribe the treatment; the nurse director, after consultation with the family, and knowing the situation in the home, might then select the type of nursing service which would meet the needs of the patient at a cost which he would be able to afford. The medical profession and the public should be informed that the service of full-time private duty nurses is not the only one available, but that the Bureau can offer other types of service to meet different situations.

Do different types of workers ever share a single assignment?

Yes, we do feel that a combination service is very valuable; that is, a graduate going into the home on an hourly basis to take care of the more intricate treatment, with a practical nurse resident in the home to help out with the domestic service and to wait on the patient in between the visits of the hourly nurse. Another service we think is good, when they are not able to pay even the practical nurse with the hourly nurse combination, is when we send them a housekeeper and refer the case to the Visiting Nurse Association. The visiting nurse takes care of the nursing service and the housekeeper remaining in the home does the housekeeping and is directed by the visiting nurse regarding any attention to the patient.

What is the usual working day and night? Is twenty-four hour permitted? Is eight-hour duty for a reduced fee permitted?

We believe that the bedside nurse today should work only on an eight-hour basis and that the least she should be paid is \$5.00 with her meals. We hope to accomplish this soon. The present fee is \$4.50 with two meals, the cost of which is paid by the patient. Nearly seventy-five percent of our calls are for an eight-hour day.

In the home, unless the patient is very ill—such as a pneumonia case—the service most acceptable is usually what we call the resident service. That means that the nurse remains in the home. She may work twelve hours; she may work only eight hours; she may work even less time than that; but she is responsible for the patient during the twenty-four hours. She will go into the home and organize the situation so that there is someone doing the rather simpler tasks while she confines herself to the actual nursing service only. Twenty-four hour duty is not offered, but when there is only one nurse on the case, as I stated above, we call it resident service and we do not expect the nurse to work more than twelve hours.

The directors of the bureau established the schedule of rates, and the nurses are urged to give service to patients, when they are not able to pay the full rate, by sending in a bill adding the full rate for the number of days for which the patient can pay and record the balance of the time as free service. This does not change the schedule of rates.

What are the next steps which should be taken to strengthen the organization and improve the service of Community Nursing Bureaus?

The most important part of the plan, to my way of thinking, is to create an interested group, representing the community, and in every way to secure their

intelligent co-operation. They must be well enough informed to advise the professional groups on policies and methods.

Another forward step would be to create a more cohesive organization of bedside nurses. I do not feel that I can ever offer real efficiency of service while the registrants are a scattered, unorganized, undirected group.

I am counting a great deal on the Joint Committee on Community Nursing Service, recently organized in conjunction with our national nursing organizations. With a full-time executive secretary and a treasury, this committee will be able to demonstrate all these points I have made. I am hoping that this committee will feel able to select a moderate-sized community and establish there a centralized agency, according to this plan of organization I am offering you, and that they will also organize the workers on a staff basis, like other organized groups under direction and control. The bureau should have a subsidy from The Community Fund.

You ask what difficulties are likely to be encountered while a bureau is being organized. I think the re-organization plan I have outlined is practical enough and that it should appeal to every reasonable person who is interested in the nursing of the sick of the community. Many persons just naturally and instinctively take exception to any innovation, and whatever difficulties may be encountered would likely indicate lack of intelligent understanding on the part of the non-professional members. However, as I have stated before, we can educate this small group, which will soon become the "leaven which leavens the whole lump."

In answering your questions, I have tried to make it clear to you that we are not boasting that we have "finished" organization. There are still gaps here and there. As for instance, on the question of finances: we wish to establish the

placement fee on a percentage basis. This has to wait for the increase of rates for the private duty nurse from \$4.50 to \$5.00 for an eight-hour day. We want the co-operation of the Hospital Council in this change, and this we have not yet been able to bring about. Another gap is in the financial support of the bureau. The Joint Council on Community Nursing has this question before it and its executive committee discussed the question at its last meeting, and decided that it is very evidently a responsibility on the part of the Council to bring about community support of the bureau. It should not be the responsibility of the professional nursing organizations to entirely support an agency established for the purpose of giving service to the community. Another weakness is the difficulty of keeping active, in an intelligent way, the advisory board of the Community Nursing Bureau. It is entirely a question of public education. It is unfortunate that nurses, physicians, potential patients, and hospital executives should be so unused to sitting around a conference table to discuss mutual problems. I consider the organization of this small group, *representing the community*, the crux of the whole situation. It is strange, but nevertheless true, that the nurses themselves stand in the way, many times, of progress in their own field. They are loth to admit outsiders into their family group to discuss questions which they feel are their own family problems.

It is difficulty to get publicity on nursing affairs and to present it so that the press is interested in publishing it. We are looking toward the time when our budget will permit a part-time publicity secretary of our Joint Council on Community Nursing, one who is trained and can give exclusive attention to this. So much is dependent on enlightened public opinion.

Department of Nursing Education

SCHEME FOR A UNIFIED SCHOOL FOR NURSES

H. B. ATLEE, M.D., Professor of Gynecology and Obstetrics, Dalhousie University.

There are at present five training schools for nurses in Halifax and Dartmouth. These include the Victoria General Hospital, the Halifax Infirmary, the Children's Hospital, Grace Maternity Hospital and the Nova Scotia Hospital. My proposal is that a school should be organized using the facilities of all these hospitals, together with those of the Tuberculosis Hospital, the Hospital for Infectious Diseases, and the Dalhousie Health Clinic for lectures and demonstrations. It is likewise proposed that a central nursing library be established—with a reading room and a system of loaning books—all of which might or might not be under a Department of Nursing at the University.

Hospital Facilities

Let us examine the available hospital facilities: The Victoria General Hospital is the largest general hospital in the city, and the only one with general public beds. This hospital would provide one of the two basal units in general training for the proposed school. The Halifax Infirmary is a Roman Catholic institution, and is in charge of the Sisters of Charity. It would prove the other basal unit in general training, particularly for Roman Catholic students. For special training we may look to Grace Maternity Hospital, a maternity hospital with public and private wards controlled by the Salvation Army. This hospital could be used for obstetrical training by all students of the Victoria General Hospital basal unit, and the Infirmary would train their own nurses in obstetrics. The facilities in obstetrics are excellent, and if made the most of, could scarcely be improved upon.

The Children's Hospital is a general hospital for children. In this scheme, it would provide training facilities for student nurses from the Victoria General Hospital and from the Infirmary, in the nursing of children. There might be a three months' sojourn here; the clinical facilities are excellent. The Tuberculosis Hospital affords good facilities for teaching in tuberculosis nursing. It could be made a valuable addition to the clinical facilities available for the instruction of nurses in the nursing of purely medical (as opposed to surgical) cases, and in a country like Nova Scotia, where tuberculosis is rife, every graduate nurse should understand the nursing of tubercular patients. Every nurse taking this course should spend one or two months here—or even three. It would be available to both the Victoria General Hospital and to the Halifax Infirmary student nurses. The Nova Scotia Hospital is the provincial mental hospital, situated across the harbour in Dartmouth. This hospital might be used to supply training in psychopathic nursing and mental hygiene.

The Dalhousie Public Health Clinic is a most valuable institution which presents unique possibilities for the instruction of nurses in a wide range of clinical nursing, including visiting with the public health nurses, with which could be incorporated district work with the Victorian Order of Nurses in maternity and general nursing. Three months spent here could be divided as follows:

One month in the Health Clinic, at the various clinics; instruction to be given by head nurses and doctors.

One month in visiting with the public health nurses.

One month on call with the Victorian Order of Nurses.

In addition to practical nursing experience, the Public Health Clinic could provide a central location where all nursing lectures and demonstrations could be given for all institutions combined. Its location is ideal for this purpose and the lecture room facilities second to none. The Infectious Hospital could be available for instruction in the nursing of infectious diseases—a most important part of a nurse's work.

It will be seen that the opportunities for a highly varied course in practical nursing are excellent, and while the facilities are not all they might be, they are sufficiently good to make the attempt at establishing a unified School for Nurses worth considering. Moreover, the establishment of such a school would, of itself, improve the facilities, in the same way that the establishment of a medical school improves the medical service of a hospital used for teaching purposes. The Victoria General Hospital, for instance, would not be as good a hospital as it is were it not for the stimulus which the Medical School gives to its clinicians.

The entrance requirements should be grade XI high school certificate or its equivalent.

Projected Course

A tentative outline is here presented for discussion:

A pre-nursing course, the length of which is to be decided later, but with a minimum of three months, during which lectures will be given in anatomy, physiology, materia medica and bacteriology, and during which the nurse would be given instruction in practical nursing procedures. This course is to prepare the nurse before she goes into the wards in the same way that medical students are prepared before they go into the wards. This preliminary course is an essential in a nursing course and would be carried out by the Dean and her nursing assistants, and by lecturers provided by the School from among University medical men, such as demonstrators and assistant physicians and surgeons.

The entire course in practical nursing should last three years, two years to be

spent at either the Victoria General Hospital or the Halifax Infirmary. The third year should be spent as follows:

Grace Maternity Hospital, or the Halifax Infirmary maternity division: three months.

Children's Hospital: three months.

Dalhousie Public Health Clinic: three months.

The remaining three months should provide for three weeks of experience at the Infectious Hospital, and nine weeks should be devoted to lectures in surgery, medicine, obstetrics, children's diseases, mental hygiene, dental hygiene, school nursing, public health (from a purely nursing standpoint), gymnastics, massage, electro-therapeutics and dietetics (the last four with demonstrations).

During this three months (less three weeks) the nurse would board out of the hospital and would attend for lectures and demonstrations. This particular period need not of necessity, come at the end of the last year, nor need it even come in the last year at all. Perhaps, best of all, it might come half-way through the course, and give the girl a sort of "breather", out of hospital, to build up both physical strength and theoretical background.

Teaching Staff

The Dean of Nursing would have to be a well-equipped woman, thoroughly trained in one of the best of the big Canadian or American schools of nursing. This woman would take charge of the detail and management of the course, probably acting in close conjunction with the Dean of the Medical School. She would look after allotments, arrange curricula, and generally overlook the job. The school should have one or two nurse instructors, in each hospital, to supervise the training and to give lectures and demonstrations in certain subjects.

Lectures and demonstrations in such subjects as anatomy, physiology, materia medica, surgery, medicine, obstetrics, diseases of children, public health and personal hygiene, would have to be given by medical men and I suggest that these should be, in anatomy and physiology,

the demonstrators in those departments. The other subjects could be taught by the assistant surgeons, physicians and obstetricians, on the staffs of the various hospitals. The scientific laboratories of the Medical School would be available for laboratory instruction in the subjects requiring it.

Why All This?

First, to produce something we are not capable at present of producing: *an intelligent, well-trained, highly efficient nurse, with a sound intellectual and family background, who will lift the*

general tone of her profession to the height it should attain. Second, to encourage the nursing groups in Halifax to take the lead in Canada in this important matter; and to show the rest of the Dominion that the province which first got representative government can still point the way. And lastly, to complete, by rounding out our medical and dental schools with a nursing school, our duty to the sick in Nova Scotia and to provide those possibilities out of which preventive medicine—the medicine of the future—will arise.



COMING EVENTS

Toronto

A refresher course for public health nurses is being planned under the auspices of the School of Nursing of the University of Toronto. This will be held from May 13 to 16 inclusive and the general topic will be "Changing practices in the field of child hygiene." This topic will be discussed from the following angles: *The paediatrician*: by Dr. F. F. Tisdall; *The psychologist*: by Dr. W. E. Blatz; *The nutritionist*: by Miss M. Bell; *The educationist*: by Dr. C. C. Goldring; *The social worker*: by Miss F. Held. Round-tables dealing with changing practices in child hygiene have been arranged as follows: (a) *The home*: by Miss E. Cryderman; (b) *The School*: by Miss Edna Moore; (c) *The child health centre*: by Miss M. Millman. For full information concerning the schedule of lectures and the conditions of enrolment apply to the School of Nursing of the University of Toronto.

Kingston

The Kingston General Hospital School of Nursing will celebrate its Golden Jubilee from June 22 to 25. This occasion celebrates the

hundred and fifteenth anniversary of the inauguration of the Hospital itself as well as marking the fiftieth birthday of the School of Nursing. Special efforts have been made to reach every graduate, all of whom are cordially invited to attend; as yet, however, there still remain a few whom it has not been possible to locate. For further information please address correspondence to Miss O. M. Wilson, Reg. N., chairman of publicity campaign, Kingston General Hospital, Kingston, Ont.

Vancouver

A reunion is being planned of all graduates of the School of Nursing of the Vancouver General Hospital. This is to be held at the same time as the Biennial Meeting of the Canadian Nurses Association from June 29 to July 4. Miss Catherine Clibborn, corresponding secretary of the Alumnae Association, requests that all graduates of the School will kindly communicate as soon as possible with the Hospital. Correspondence may be addressed either to the Training School Office, or in care of the Alumnae Association at the Hospital. Kindly give full names and addresses; married nurses should also give their maiden names.

Department of Public Health Nursing

MATERNAL MORTALITY IN CANADA

Excerpts from a Report prepared by The Canadian Welfare Council.

One-half, if not more, of the twelve hundred Canadian mothers who die annually in child birth, could have been saved, if measures within present knowledge and control had been taken in time. This is the conclusion reached from a mass of evidence collated in a report on maternal mortality in Canada which will be published by the Canadian Welfare Council's division on maternal and child hygiene. Responsibility for the prevailing high rate of maternal deaths, which carries off more women between fifteen and fifty years of age than any other single cause with the exception of tuberculosis, must be assigned to the medical profession and to the laity is the contention of the editorial committee sponsoring this report.

Canada, as a whole, is still losing mothers in childbirth at the rate of 5.3 per 1,000 live births, though a perceptible and continuous improvement has been recorded since 1926, when the first nation-wide survey of maternal deaths, conducted by the Dominion Department of Health, recorded the high figure of 5.7 per 1,000 live births. The lowered death rates since achieved are due almost entirely to a reduction in those deaths which are preventable through pre-natal care, thus reflecting the results of the campaign of public education which followed the survey. Deaths ascribed to infection following pregnancy and to inadequate obstetrical care have shown no appreciable decline.

Some Good Records

As contrasted with the continuing high rate for the Dominion, records are cited of individual provinces and institutions which have attacked this problem with remarkable results. Outstanding is the record of the Province of Manitoba,

which, faced with a maternal death rate in 1929 of 6.8 per 1,000 births, has almost cut that rate in two in the course of five years, with but 3.8 deaths per 1,000 births in the preliminary statistics of 1934. The Province of Saskatchewan has reduced its high rate of 7.1 in 1926 to 4.4 in 1934 and these remarkable results were achieved in a five-year period of unusual hardship and economic distress on the prairies.

The significant record is also cited of the Victorian Order of Nurses, which gives pre-natal and confinement care to more than 13,000 mothers annually, with a rate of only 1.9 per 1,000 births in 1933, and 1.8 in 1934. Among the hospitals whose records are markedly low are the Royal Victoria Maternity Hospital in Montreal, with a rate of 2.5 maternal deaths in 1934-5, and the Burnside Maternity Clinic of the Toronto General Hospital which has not more than one death annually in recent years, and in some years none at all, with approximately 500 maternity patients served each year. The Red Cross outpost hospitals, located on the frontiers of settlement, have also maintained an exceptionally low record.

Factors in Mortality

Turning to an analysis of causes, a fact which stands out is that one-third of maternal deaths in Canada occur before the time of normal confinement and are associated with interrupted pregnancies, abortions or miscarriage, or deaths during pregnancy and before completion of term. This fact is borne out by evidence compiled by the Dominion bureau of statistics in a two-year analysis of maternal deaths for the whole Dominion, while in the special study made in Manitoba for the five year period 1928-1933, 34 per cent

of maternal deaths were so classified. A similar analysis for the Province of Ontario gave much the same result.

One-third of the hazard is thus shown to lie in the earlier months of pregnancy rather than at the time of normal confinement. This hazard points to the responsibility devolving upon the expectant mother, herself, and upon the community acting in her behalf, if she has not the resources to do so, to seek pre-natal care in the first six months of pregnancy. Secondly, it throws into relief the economic and social factors contributing to the high rate of abortions among both married and unmarried mothers in these times. Varying estimates concede, according to this report, that abortions occur in from 14 to 20 per cent of all pregnancies, and that two-thirds of the deaths ascribed to abortion are due to infection.

Figures compiled by the Dominion bureau of statistics show a death rate of only 4.9 per 1,000 live births for married mothers, as compared with a rate of 7.8 for unmarried mothers in 1933. In 1926, the rate for unmarried women was as high as 9.5. While other important factors undoubtedly contribute to the high maternal death rate among unmarried mothers, evidence indicates that the hazards of abortion are incurred in a relatively high proportion of these cases. That pre-natal supervision and adequate care at confinement will minimize the hazards for the unmarried mother has been demonstrated by social agencies which care for the unmarried mother and her child. In more than 2,000, over a five-year period, the Toronto Infants Home lost only two unmarried mothers, whereas the general maternal death rate for the city of Toronto during that period averaged 6 per thousand live births.

Infection at the time of childbirth still ranks as the deadliest foe of motherhood. Puerperal septicaemia remains the cause of not less than one-quarter of maternal deaths. Conceded to be almost entirely

preventable, infection has shown little decline in these recent years in which medicine has made such strides in the control of infection generally. Its continuance can only be ascribed to carelessness and to neglect to take precautionary measures: neglect on the part of the patient herself, her husband and members of her household in observation of measures of personal hygiene that will protect her from infections in the last weeks of pregnancy. Nor can that element of risk be dismissed which is due, in too many instances, to failure on the part of medical and nursing attendants to observe such precautions as the wearing of masks and sterile gloves.

The toxæmias of pregnancy, ranked as the cause of twenty-one per cent of deaths in the Canadian 1926 enquiry, have shown a consistent decline in subsequent years, reflecting, it is believed, the increasing appreciation on the part of both mothers and physicians of the value of pre-natal care in controlling this factor. Further attack would seem to be in the direction of improved obstetrical service and the education of the lay public to demand a higher standard of technical experience in this branch of medicine.

The increasing use of operative interference and other artificial aids to delivery throughout all western civilized countries to shorten labour in normal cases is also deplored by the medical authorities whose opinions are quoted. Pointing out that the maternal death rate in spontaneous deliveries is less than one-fifth of the death rate in operative deliveries, the New York Academy of Medicine report declares that "the medical profession is obligated to inform the lay public that operative delivery undertaken merely to relieve pain or to shorten labour involves increased risk for both mother and baby."

Maternal deaths resulting from the increased strain of pregnancy upon women already suffering from diseased conditions

or generally impaired health are placed as high as eighteen or twenty per cent in some studies. These conditions include heart and kidney disease, tuberculosis, and defects and deformities which may have been caused by rickets and malnutrition.

Social and Economic Factors

Contrary to what might perhaps be anticipated, economic status and conditions do not appear to affect maternal mortality to an appreciable degree, though it is believed that economic hardship and poor housing are factors to be reckoned with in contributing to the deaths ascribed to infections and toxæmias. An interesting fact brought to light is that race, in itself, is a factor in maternal deaths, and one to be reckoned with in international comparisons. Special Canadian studies have revealed a correspondence between the death rates among women of different racial origins and the rates in the countries from which they come. It was found, for instance, in the Manitoba enquiry, that the mortality rate among Scottish women was 6.4 as compared with a rate of 6.7 in Scotland for the same years, while the rate for English and Welsh women was 4.6 as compared with the rate in England and Wales of 4.3. The low rates among Dutch and Scandinavian women (2.2 and 3.3 respectively) correspond closely with their low rates in Europe, while the high rate of 8.6 among Austrian mothers in Canada was comparable with the rate of 8.1 prevailing in Austria.

Climatic conditions are also found to be a factor of importance by means of a special quarterly analysis of maternal deaths by causes over a period of years, made for the first time this year by the Dominion bureau of statistics. While the low rates prevailing in Scandinavian countries indicate that the increased dangers which accompany the severity of

winter are controllable, the findings of the Dominion bureau indicate a definite upward trend in maternal deaths during the autumn and early winter months, corresponding with the general increase in respiratory infections during that period.

The age of the mother and the incidence of pregnancy are of course well known factors in maternal deaths. Mortality is higher in the first pregnancy, and after the fifth pregnancy. The safest age in childbirth is the nine-year period of twenty to twenty-nine years. These findings suggest the significance of economic and social factors tending to defer the age of marriage and lower the general birth rate.

Finally, an interesting side-light is thrown by this study on the relationship between the high rate of still births in Canada and the prevailing rate of maternal deaths. The evidence, compiled both in Canada and the United States, reveals that a woman giving a still birth is fifteen times more likely to die than a woman giving a live birth.

Demonstration Suggested

A general campaign of education would do much to cut down Canada's high rate of maternal deaths, the editors of this report believe, but a five-year demonstration of these principles in actual practice would do much more. Included among the recommendations is the suggestion that a series of demonstrations be launched in selected areas of the Dominion, representing both urban and rural communities, under the joint auspices of public health and welfare authorities, the professional associations, and representatives from the lay citizenship. The experience gained and the results achieved in such concerted attacks on this problem would afford both knowledge and argument for a rapid extension of maternal care programmes in every province in the Dominion.

Book Reviews

AN INTRODUCTION TO PUBLIC HEALTH, by Harry S. Mustard, M.D., Associate Professor, public health administration, the Johns Hopkins University; Director, Eastern health district, Baltimore, Md.; lecturer on public health and sanitation, the Johns Hopkins Hospital School of Nursing. 229 pages and index. Published by the Macmillan Company of Canada, 70 Bond St., Toronto. Price \$2.50.

In a brief review such as this it is difficult to do full justice to this excellent book. Its aim, as stated in the foreword is as follows:

This volume is designed mainly to orient the student in the field of public health. It furnishes a background of information and, in one way or another, tends to *develop a philosophy and perspective*. It is purposely brief and does not concern itself with the details of public health administration; nor does it presume to offer suggestions for classroom or field instruction in any of the specialized phases of public health practice. It therefore provides information rather than direction.

The italics are ours, and in this phrase are summed up the very qualities which make the book unique among its kind. Public health is treated throughout as a way of life for the individual as well as for the community. There is nothing static about it—"it should be remembered that the whole field of public health is in a fluid stage, and a non-frozen perspective and an elasticity of attitude are essentials." Yet there is nothing vague. For example, the chapter on communicable diseases is a model of practical, concise information so arranged as to be readily available. The straightforward sensible approach to the control of venereal disease is admirable, and three excellent chapters are devoted to a discussion of childbearing, hygiene of infancy and childhood, and school-health service.

Every public health nurse may safely accept this book as a guide in her daily work. In schools of nursing it should be used for the purpose for which it was designed: "to orient the student in the field of public health."

UROLOGICAL NURSING, by David M. Davis, M.D., Associate in Urology, The Johns Hopkins University, 1917-1924; Professor of Genito-Urinary Surgery, Jefferson Medical College, Philadelphia. Second edition; 195 pages; 67 illustrations. Published by W. B. Saunders Company. Canadian Agents: McAtinsh & Co., 388 Yonge St., Toronto. Price \$2.75.

Patients suffering from urological diseases need nursing care of an unusually high order and yet they are frequently looked upon as "difficult patients." This attitude is partly due to the fact that many nurses really know little about the anatomy and physiology of the organs which are involved. This ignorance makes it impossible for them to give skilled assistance with the delicate and complicated procedures which are necessary in the treatment of urological conditions. Sometimes this work has been relegated to orderlies who are not capable of assuming such responsibility. In the six chapters which make up this book, Dr. Davis gives clear and authoritative information under the following captions: anatomy and physiology of the urogenital tract; urinary obstruction and principles of urinary drainage; nursing care; urological equipment; urological procedures. This textbook will be found useful in amplifying the course of instruction given in schools of nursing. It will be especially valuable to operating room supervisors and to head nurses who are responsible for teaching orderlies.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Executive Committee

A meeting of the Executive Committee of the Canadian Nurses Association, held in Regina in March, was attended by the President, Miss R. M. Simpson; the Honorary Secretary, Miss Elsie Wilson, and the Misses Amas, Lawrie, Smith and Wills. A brief résumé of the interim reports from the Provincial Associations of Registered Nurses is published herewith. In each of these reports reference was made to the study of the proposed plan for Dominion Registration as submitted to the provinces by the Canadian Nurses Association.

Alberta

For an experimental period of one year the Alberta Registered Nurses Association has appointed a school advisor, and Miss Eleanor McPhedran, who has accepted this temporary appointment, has been visiting the schools of nursing in Alberta. Miss McPhedran represents the Association on the Senate of the University of Alberta and is a member of the school of nursing inspection committee. The eight-hour day for graduate nurses, in operation in Lethbridge for over six months, is proving satisfactory to patients, doctors and nurses. An increase in the amount of work for the nurses has been noted.

British Columbia

In preparation for the General Meeting of the Canadian Nurses Association in Vancouver, the arrangements made by the Registered Nurses Association of British Columbia, are approaching completion.

Manitoba

A present activity of the Manitoba Association of Registered Nurses relates to the reorganization of the Manitoba Nurses Central Directory, plans for which are proceeding satisfactorily. It was announced that Miss E. MacPherson

Dickson, convener of the Dominion Registration of Nurses Committee of the Canadian Nurses Association, would address the Association during Easter week.

New Brunswick

The New Brunswick Association of Registered Nurses has undertaken, during the current year, to have the secretary-registrar visit all schools of nursing in the province. Preparatory to doing so, by arrangements made through the National Office of the Canadian Nurses Association, that officer spent a week in Montreal for observation purposes in the offices of the secretary-registrar and school visitor of the Association of Registered Nurses of the Province of Quebec, and of the local schools of nursing. In future, candidates who fail to secure registration after two supplementary writings will be required to write the entire examination and to pay full fee; one supplementary writing will be permitted. Also, examinations will be held at two centres in New Brunswick. By Order-in-Council, the residential clause for those applying for registration in New Brunswick has been deleted, and cancellation given to the annual publication in the *Royal Gazette* of the list of nurses in good standing; instead, that list is to be deposited in the office of the Provincial Secretary each January. The private duty nurses of Saint John are endeavouring to ascertain the amount of unemployment among the nurses of that city.

Nova Scotia

After thorough consideration, the Registered Nurses Association of Nova Scotia has decided against the adoption of a plan of representative voting by the branches of the Association; it had been proposed to formulate a plan similar to that used in the Canadian Nurses Association. The Association, through a narcotics commit-

tee, is undertaking to supply the members with information circulated by the Federal authorities.

Ontario

At the first meeting of the Board of the Registered Nurses Association of Ontario in 1936, there was almost a one hundred per cent attendance; there are sixteen members on the Board. A committee on archives was appointed. The chairman of District 1 announced that an eight-hour day for graduate nurses in hospitals in London is in operation, also that two hospitals have adopted the eight-hour day for student nurses with gratifying results.

Prince Edward Island

The first quarterly meeting in 1936 of the Prince Edward Island Registered Nurses Association was held in Charlottetown, with a representative attendance. The Reverend Sister Stanislaus, superintendent of nurses in the Charlottetown Hospital, was appointed the official delegate to the General Meeting of the Canadian Nurses Association.

Quebec

Within recent months, gratifying progress has been made by a special committee appointed by the Association of Registered Nurses of the Province of Quebec to study the organization of a community nursing service bureau. The study is being made in co-operation with representatives of the Montreal Graduate Nurses Association Registry. Two scholarships for 1936-37 are being offered by the Association, one for a year at the School for Graduate Nurses, McGill University, and the other at L'Ecole d'Hygiène Sociale Appliquée de L'Université de Montréal.

Saskatchewan

Miss E. MacPherson Dickson was invited to address the Saskatchewan Registered Nurses Association on "Dominion registration of nurses" at the annual meeting, during Easter week. With the completion of eighteen years of registra-

tion of nurses in Saskatchewan, over 2,500 nurses have obtained registration, while the number in good standing on December 31, 1935, was 990.

General Meeting

Members of the Canadian Nurses Association are referred to "Notes from the National Office" in the April number of the *Journal* in which is published the outline of the programme for the General Meeting. That meeting is to be held in the Hotel Vancouver, Vancouver, B.C., from June 29 to July 4, 1936. No general sessions will be held on July 1, but the Executive Committee will meet at nine o'clock that morning. The Arrangements Committee has left Thursday, July 2, free of plans for entertainment. It is suggested that groups planning for special social functions should make their arrangements for that date. As previously announced, Mrs. Ernest Helliwell, 5041 Marguerite Street, Vancouver, will be pleased to make the necessary reservations for these groups. It is anticipated that there will be an unusually large number of tourists in Vancouver on and about July 1, therefore early reservation of hotel accommodation is urged. Hotel rates, received from the Arrangements Committee, are again published:

Except where indicated, the rates quoted are those per person per day. (S. indicates single room; D. indicates double room.)

Hotel Vancouver: S. \$2.50, with bath \$3.50; D. \$2.00, with bath \$2.50.

Hotel Grosvenor: S. \$1.50, with bath \$2.00, \$2.50; D. \$1.25, \$1.50, with bath \$1.50, \$2.00.

Hotel Georgia: S. \$3.00, \$4.50; D. \$2.25, \$3.50, all with bath or shower.

The Devonshire: S. \$3.00; D. \$2.00, all with bath.

The Hotels Vancouver, Georgia, and Grosvenor have a number of large rooms or two rooms in suite (with bath) for accommodating three to four persons at rates varying from \$1.25 to \$2.50 per person per day. Arrangements can be made with "The Devonshire" for kitchenette apartments for \$3.50 per day for one person and \$5.00 per day for three persons. Also, parlour suites, with or without kitchenettes, varying from \$6.50 per day for two persons to \$9.00 per day for four persons.

As previously announced, the railways are unable to offer any specially reduced rates beyond those for the customary summer excursions. Further information concerning rates to Vancouver and return can be obtained at all railway ticket offices in Canada.

Quadrennial Congress

In a recent letter, received from the

headquarters of the International Council of Nurses, the dates of the next Quadrennial Congress are announced. The Congress will be held in London, England, from July 19 to 24, 1937. Plans are being made for religious services on Sunday, July 18. The meetings of the Board of Directors and Grand Council will be held between July 12 and 17.

THE "M.G.H." SCHOLARSHIP

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of \$250.00 to a graduate of this school, who is in good standing, to enable her to attend any of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. These courses include: teaching in schools of nursing; supervision in schools of nursing; public health nursing; supervision in public health nursing. Applications will be received by Miss Martha Batson, the Montreal General Hospital, until June 15, 1936.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

Throughout the Dominion interest in the Foundation is being well sustained and donations from the various provinces during the past month have been definitely gratifying although \$625.00 is still required to make up the quota for 1936. It has been interesting to note the generous sums sent forward by student nurse groups and the means they take for raising their objectives. The students of one hospital give an annual garden party and fête and, in New Brunswick, the convener reports that all schools of nursing in the province responded to her appeal by contributing ten cents from each student per month; one stu-

dent in each school holds herself responsible for the collections. The Charlottetown members of the Registered Nurses Association of Prince Edward Island organized a most successful cake sale and the Summerside group also made a generous donation.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Nursing Education Section, Alberta	
Association of Registered Nurses.	\$ 10.00
Overseas Nursing Sisters Association	
Edmonton	10.00



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Sisters of St. Ann, St. Mary's Hospital, Dawson, Y.T.	2.00
Vancouver General Hospital Student Council	40.00
Vancouver Graduate Nurses Association	40.00
Miss E. Paulson	1.00
Miss M. Young, Ocean Falls	10.00

Manitoba

Manitoba Association of Registered Nurses	113.65
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New Brunswick

New Brunswick Nurses	140.00
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Nova Scotia

A.A., Halifax Infirmary	5.00
A.A., Glace Bay General Hospital ..	10.00
A.A., St. Joseph's Hospital, Glace Bay	10.00

Ontario

Staff, Bowmanville General Hospital.	1.00
A.A., Victoria Hospital School of Nursing, London	15.00
A.A., Hamilton General Hospital ..	5.00
A.A., Niagara Falls General Hospital	5.00
A.A., St. Luke's Hospital, Ottawa ..	10.00
A.A., Nicholls Hospital, Peterborough	5.00
Community Health Association, Toronto	10.00
A.A., St. Joseph's Hospital, Toronto	10.00
A.A., Toronto Western Hospital ...	25.00
A.A., Woodstock General Hospital .	5.00

Quebec

Nursing Staff, Alexandra Hospital, Montreal	35.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00

Saskatchewan

Graduate Nurses Association, Prince Albert	10.00
A.A., Grey Nun's Hospital, Regina .	5.00
Saskatoon Registered Nurses Association	10.00
Student Nurses Association, Saskatoon City Hospital	5.00
A.A., St. Paul's Hospital, Saskatoon.	5.00
A.A., Saskatoon City Hospital	5.00
Nurses, Kerrobert Union Hospital .	1.25
Saskatchewan Registered Nurses Association, Regina Branch	10.00

PEACE RIVER

From the Peace River Block in northern British Columbia, we greet you. This district is approximately four thousand nine hundred square miles in size and has possibilities of a great future but at present it might well be termed a frontier settlement. Although some people homesteaded in the block fifteen or twenty years ago, most of the land has been taken up within the last five or six years, and these settlers are busy proving up homesteads, building log cabins, clearing a few acres and trying to get a home together.

Some of the homes are very isolated and schools are found in the most surprising locations; one must almost search in the woods for them and it is often necessary to walk several miles in order to find them.

Almost every nationality is represented here and almost every trade, business and profession has been given up in an attempt to achieve success in the Northland. Hardship, disappointment and suffering have been the result in many cases. Farming in this rigorous climate under somewhat primitive conditions is not an easy life. Many are on relief and, at first, one cannot see anything but a hopeless future for them. However, after listening to the "old-timers" (one must have been in before the railroad came as far as Dawson Creek to be termed an old-timer) recite tales of threshing "sixty to the acre," and how the winters are much milder than they were, and that roads are really good now, one begins to feel, along with them, that this is indeed a land of promise.

Our health unit came into existence only last September so that our value is also, as yet, something of a promise. The organization is slightly different from any other in Canada in that it is even more closely linked than usual with the Department of Education. The whole block is under an official trustee who is also inspector of schools. Local school boards have been retained, but now act only as advisory committees to the official trustee in regard to local conditions. As one might imagine this has given rise to much discussion in certain areas, many residents feeling that they were being deprived of their just rights. However, after one and a half years' administration, they are beginning to realize that this system is really a great improvement on the old. The whole plan has saved considerable public funds, improved school-buildings, encouraged and developed better teaching, and has been instrumental in introducing a health service for the schools.

MAY, 1936



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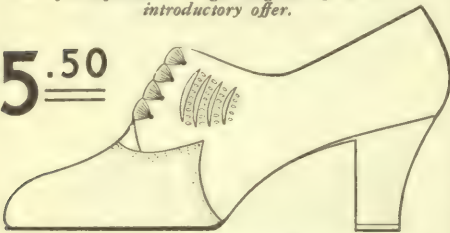
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At the present time, our health unit staff consists of a full-time director who acts as medical health officer and school health inspector, four full-time public health nurses and three part-time co-operating nurses. The last mentioned are residents of very isolated districts and are responsible for only a small area. We four full-time public health nurses are located at different points as central as possible in our respective districts. There isn't a chance to run home at eventide and discuss with one another the trials and tribulations of the day's work. In fact, we seldom see one another, but it's lovely when we do. We hope soon to arrange regular meetings when we can all meet together with the director.

Transportation is one of our biggest problems. Each nurse is supplied with a roadster car, this being the lightest and best possible thing to take us through mud-holes and over stumpy trails. But little use they will be when roads pile high with snow. Again the old-timers tell us we are "dern lucky this year — the best winter we've had since '30." Each nurse has a team and driver hired for snowy travelling. This mode of transportation seems rather slow going after a car, but one must get around somehow. We try to visit all our schools at least once a month.

I think our most outstanding piece of work so far was dental clinics, held last September and October. Two full-time dentists were appointed and sent in by the provincial board of health. We nurses acted as clinic organizers, dentists' assistants, or as chauffeurs to transport patients. The service was offered to all school and pre-school children of the district. These clinics meant a great deal of work but were very much worth while. Records kept show us that one thousand and five children were treated in all; 1,700 fillings of all types; 1,123 extractions; 814 patients on whom prophylactic treatment was carried out.

We have many deep-laid plans for improving health conditions: vaccination, goitre prevention, well-baby clinics, home nursing and first-aid classes are already under way. In this isolated Northland there is great need of health education. The school-children readily accept one as a friend, young mothers on remote homesteads are athirst for knowledge and information regarding their individual problems. Some of the general public may look askance at our strange new ideas, but we find them gradually and gratefully accepting our service.

RITA M. MAHON,
Public Health Nurse, Dawson Creek, B.C.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a recent meeting of the Alumnae Association of the Calgary General Hospital Mrs. Lucy Bagnall gave a clear and interesting address on the Italo-Ethiopian situation. The close attention of the nurses showed how carefully they followed the speaker, and their applause bespoke keen enjoyment. The membership committee reports progress in their search for former graduates, and a keen interest in keeping in touch with the affairs of the new association.

BRITISH COLUMBIA

VANCOUVER: MARRIED: On March 7, 1936, Miss Kathleen Louise Yates (Royal Jubilee Hospital, Victoria) to Mr. Keppel Charles Boulton.

NEW BRUNSWICK

MONCTON: The Local Chapter, R.N.A.N.B. held a meeting on April 6, when plans were discussed for entertaining the graduating class of the School of Nursing of Moncton Hospital. Following the March meeting of our local chapter Dr. J. A. Melanson gave an instructive talk on communicable diseases. A successful rummage sale was held recently; the Misses Ida Scott, Laura Steeves, and Lilluth Reid were joint conveners.

ST. STEPHEN: A recent meeting of the Chipman Memorial Hospital Alumnae Association had a large attendance. It was decided that a prize be given to the student having the highest standing in her three years' work and that a year's subscription to *The Canadian Nurse* be given to each member of the graduating class. Miss Beatrice Hadrill, who has terminated her duties as instructor at the Chipman Memorial Hospital, to become superintendent of the Miramichi Hospital, Newcastle, N.B., was presented with tokens of esteem by the staff and student nurses. Miss Clara M. Boyd is temporarily filling the position of instructor at the C.M.H. Mrs. Charles Boerner (Enid McIntyre, C.M.H., 1916) has returned to Mayo, Yukon, after visiting her parents, Dr. and Mrs. McIntyre.

MARRIED: On March 30, 1936, Miss Maude Cheney to Mr. Romain Morse.

WOODSTOCK: A meeting was held recently of the Alumnae Association of the L. P. Fisher Memorial Hospital. Mrs. Frank Hanson presided and there was a good attendance. It was voted that one hundred dollars be given towards the first payment on the gas oxygen machine for the Hospital. Dr. O'Donnell gave

an interesting lecture on "Abdominal pain" which was greatly appreciated. The Alumnae Association recently held a successful tea at the home of Mrs. W. B. Manzer; a substantial sum was realized for hospital purposes.

NOVA SCOTIA

HALIFAX: The last of a series of lectures on tuberculosis, sponsored by the Halifax Branch, R.N.A.N.S., was given on March 30 and took the form of a practical demonstration of home nursing, given by Misses Steel and Gaudet, of the Halifax Branch of the Victorian Order of Nurses. Two health films were also shown.

Miss Kathleen Harvey, until recently night supervisor in the private pavilion of the Victoria General Hospital, has accepted the position of superintendent at the Soldiers' Memorial Hospital, Middleton, N.S. Miss Audrey Purtill was recently appointed to the nursing staff of Victoria General Hospital.

MARRIED: On December 24, 1935, Miss Carrie Hirtle (V.G.H., 1933) to Mr. Otto Johnson.

ONTARIO

DISTRICT 1

CHATHAM: MARRIED: On March 6, 1936, Miss R. Winter (St. Joseph's Hospital, Chatham) to Mr. Oscar L. Knapp.

MARRIED: Recently Miss M. Nagle (St. Joseph's Hospital, Chatham) to Mr. Clarence Jackson.

LONDON: A most successful three-day refresher course, organized under the auspices of District 1, R.N.A.O., took place recently at the Institute of Public Health in London. The total attendance was about two hundred and included nurses from practically every centre in the District. The programme included the following items: *Current nursing problems*: Miss Mildred I. Walker, Chief, Division of Study for Graduate Nurses, University of Western Ontario; *Review of digestion*: Dr. A. J. Slack, Dean, Faculty of Public Health, University of Western Ontario; *Some modern trends in diabetes*: Dr. E. M. Watson, Associate Professor of Pathological Chemistry, University of Western Ontario; *Practical points in the nursing care of diabetic patients and insulin therapy*: Miss Geraldine Webster, B.A., Reg. N.; *The dietary treatment of diabetes*: Miss Marion Penhale; *General implications of psychiatric nursing*: Dr. G. H. Stevenson, Superintendent, Ontario Hospital, London; *The mental health clinic and its relation to nurses*: Dr. S. G. Chalk. Demon-

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strations of hydrotherapy and occupational therapy were also given at the Ontario Hospital.

The concluding series took the form of a conference on planning a public health nursing programme. The following speakers discussed this general topic from the angles indicated: *A nurse in a generalized programme*: Miss Madeline MacDonald, public health nurse, St. Mary's; *A nurse in a specialized programme*: Miss Mary Wright, Board of Education, London; *A medical officer of health*: Dr. W. L. Hutton, M.O.H., Brantford; *A field supervisor of the Ontario Department of Health*: Miss Hilda Pennock; *Chief public health nurse of Ontario*: Miss Edna L. Moore.

Pleasant features of the occasion were a delightful luncheon given by the authorities of the Ontario Hospital and an afternoon tea which marked the conclusion of a most successful undertaking.

SARNIA: The Alumnae Association recently held a successful tea at the Sarnia General Hospital; about three hundred guests were present. Miss Pauline Ashton is taking a postgraduate course in surgery at St. Michael's Hospital, Toronto. Miss Gladys Rooke is also taking a postgraduate course in obstetrics at St. Michael's Hospital. Miss Audrey Rogers has accepted a position as supervisor of the first floor at the Sarnia General Hospital.

MARRIED: On March 18, 1936, Miss Doris R. Robinson to Mr. Wallace Lowrie.

DISTRICTS 2 AND 3

BRANTFORD: On April 7 the Alumnae Association of the Brantford General Hospital entertained the undergraduate nurses; the speaker for the evening being the Hon. W. G. Martin, who gave an interesting account of his experience on the trip to "The top of the world with the Eastern Arctic Patrol." Miss E. M. McKee, Miss C. E. Jackson, Miss H. D. Muir and Miss F. P. Stewart attended the annual meeting of the R.N.A.O. held in Peterborough. Miss Muriel Nichol of the staff of the Brantford General Hospital has left for California where she expects to spend the next two months. The Victorian Order of Nurses had an exceptionally busy month during March. Since the beginning of the year some 1,700 visits have been made, which is some indication of the great demands upon these faithful nurses under the direction of Mrs. J. N. Mitchell, superintendent of the Brantford Branch.

DISTRICT 5

The evening of March 19 was a really historic date in the annals of the Alumnae

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CANADIAN PACIFIC HOTELS

Association of the School of Nursing of the Toronto General Hospital, for it was on that occasion that Miss Gunn's portrait was unveiled. The ceremony marked the fulfilment of a wish of several years' standing on the part of the Association who had long felt that they wished to give tangible expression to their high regard and sincere admiration of Miss Gunn, and to fittingly recognize the many honours which have come her way. She proved rather difficult to persuade, but finally consented; Sir Wyly Grier was the artist selected, and the result has certainly vindicated this choice. The portrait is a splendid likeness of Miss Gunn, and in it she is wearing a dress of the soft grey shade so becoming to her. It hangs at the north end of the East Residence reception room, directly opposite Miss Snively's portrait. The guests were received by Miss Nettie Fidler, Mrs. Fox and Miss Gunn, and Mr. Mark Irish was the genial and able chairman. Dr. Hendry, representing the medical staff of the hospital, was the first speaker and outlined the main events of Miss Gunn's nursing

career and paid tribute to her many fine qualities and achievements, concluding with a characteristic touch of his kindly humour. Sir Wyly Grier then gave a witty résumé of his association with Miss Gunn during the painting of the portrait, making it plain that he had thoroughly enjoyed the experience. Miss Fidler, who unveiled the portrait, expressed the feelings of everyone present when she referred to Miss Gunn's unfailing devotion and loyalty to her own nurses and her interest in their welfare, no matter how many national and international nursing affairs claimed her time and attention. Miss Gunn, in accepting the portrait, characteristically disclaimed any personal reason for its presentation, but said she felt it was an expression of the Association's regard for their School. She intimated that the experience of sitting to Sir Wyly had not been entirely dull or unpleasant.

Mr. Fox accepted the portrait from Miss Gunn on behalf of the Board of Trustees of the Hospital, and voiced their pleasure that it would hang on the walls of the Residence. He



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referred to Miss Gunn's qualities of mind and personality, and spoke of the happy relationship which existed between her and the Board. A presentation, by Mr. Fox, to Miss Gunn's mother, of a photograph of the portrait was a pleasant incident of the ceremony, as was also the announcement of a new scholarship, in memory of the late Louise Dickson, to be named for Miss Gunn, which entitled an alumna to a year's postgraduate study at the University.

DISTRICT 6

LINDSAY: MARRIED: On April 2, 1936, Miss Beulah R. Robertson (R.M.H., 1930) to Mr. Leonard C. Dart.

DISTRICT 7

BROCKVILLE: The annual meeting of District 7 R.N.A.O., was held on March 13, in the Comstock Memorial Nurses' Residence, Brockville, the president, Miss L. D. Acton, being in the chair. A most interesting address was given by Miss Agnes MacPhail, M.P., who gave delightful glimpses of happenings in Parliament under the title of "The parliamentary scene." Miss MacPhail was presented with a bouquet of roses from the Alumnae Association of the Brockville General Hospital. Dr. Chadsey of Brockville spoke on "Minor ailments and emergencies," a talk which was of great interest and practical value. The new officers nominated for the year are: President, Miss M. Bliss, Smiths Falls; vice-president, Miss E. Moffat, Brockville; secretary-treasurer, Miss D. Driffield, Smiths Falls; conveners: Public Health Section, Miss Ross; Private Duty Section, Miss D. Storms, Kingston; Nurse Education Section, Miss L. D. Acton; membership committee, Miss O. M. Wilson, Kingston; programme committee, Miss A. Baillie, Kingston; publicity committee, Miss A. Church, Smiths Falls; representative to *The Canadian Nurse*, Miss A. Bernice Graham. A delicious supper was served by the hostesses, Miss Moffat and the Alumnae Association of the Brockville General Hospital.

MARRIED: On March 4, 1936, Miss Bessie Lenard (K.G.H., 1934) to Mr. Harry J. Tudhope.

MARRIED: On March 4, 1936, Miss Edna Myers (K.G.H., 1932) to Dr. W. A. Hargrove.

PERTH: At a recent meeting of the Nurses Association of Perth, the following officers were elected for the year 1936: Honorary President, Mrs. E. W. Walker, Perth Memorial Hospital; president, Miss Griffin; first vice-president, Miss Iva Cooke; second vice-president, Miss Bessie Watters; secretary, Miss Vera J. Manders; treasurer, Miss Helen Smith; representatives to *The Canadian Nurse*, Miss Reta Bell, Miss Edna McNeely; social committee, Miss Victoria Brown; flower committee, Miss Hazel Cooke and Miss Bessie Watters.

DISTRICT 9

GRAVENHURST: The March meeting of the Gravenhurst Chapter R.N.A.O. was held in the Medical Library of the National Sanitarium, with seventeen members and several non-members in attendance. Miss Sylvia Howard presided and Dr. C. B. Ross gave an interesting and instructive talk on the anatomy, physiology, and chemistry of the digestive system. Miss Ethel Rainer, convener of the Permanent Education Fund for this Chapter, gave a talk on the purpose of the Fund, which was very informative. The Chapter's quota was raised by voluntary subscription. Miss Jean Smith read an article by Mrs. Nelson on "Social and economic factors as they affect our service to the public." Miss Adelaide was appointed delegate to attend the R.N.A.O. annual meeting to be held in Peterborough.

SAULT STE. MARIE: Miss L. M. Carberry, social worker of the Children's Aid Society, addressed a recent meeting, held at the Plummer Memorial Hospital. One of the outstanding events of the season was a successful dance under the auspices of the Alumnae Association of the General Hospital, the proceeds of which will be used to purchase furniture for the Nurses' Room at the Hospital.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: Miss Jean Browne, director of the Junior Red Cross, was a welcome visitor to Charlottetown and was the chief speaker at the annual meeting of the Red Cross Society of Prince Edward Island; she also visited the schools and spoke to the pupils on Junior Red Cross work. The Charlottetown members of the Registered Nurses Association held a successful sale recently to procure



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funds for the Florence Nightingale Memorial Fund and the Summerside group contributed a generous donation for the same fund. During March the Association arranged with Dr. Creelman, superintendent of the Provincial Sanatorium, for a course of lectures on tuberculosis. These were illustrated and were much appreciated by the nurses who attended in large numbers at all the meetings. Miss Linnie Platts (P.E.I.H., 1931) has been appointed operating room supervisor at the P.E.I. Hospital and Miss Mildred Thompson (P.E.I., 1930) as night supervisor. The Social Service nurses of the Charlottetown Hospital have added another phase of work to their already full programme—that of teaching the working girls of the city the art of home nursing and personal hygiene. We feel that the girls who attend regularly are deriving great benefit from these classes. Arrangements have been made for a few health talks by some members of the medical staff. The Alumnae Association of the City Hospital recently held a successful party in the Nurses Home and the following night the Association again held a card party in the

Holy Name Hall. The proceeds from these entertainments have replenished the almost depleted coffers of the Association. Miss Eileen McQuaid has been appointed dietitian at the City Hospital.

QUEBEC

MONTREAL GENERAL HOSPITAL: Miss Clare Hiscock and Miss Jennie Wareham (M.G.H., 1934), who sailed for Cape Town, South Africa, on April 1, were the guests of honour at a bridge and shower in the Nurses Home on March 24.

MARRIED: On March 30, 1936, Miss Cecilia Katherine MacLachlon (M.G.H., 1935) to Dr. Philip J. Pascoe.

SASKATCHEWAN

SASKATOON: Miss Rhoda Smith (S.C.H.) has been appointed superintendent of nurses at the Sanatorium, Saskatoon. Miss Dorothy Knuckey (S.C.H., 1933) has accepted a position at the Red Cross Outpost, Loon Lake, Sask.

MARRIED: On February 19, 1936, Miss Gladys Marion Bedford (S.C.H., 1926) to Mr. Arthur W. Bogart.

HOSPITAL DAY

It seems most fitting that May 12, the birthday of Florence Nightingale, should have been chosen as "National Hospital Day" and, as such, be celebrated in hospitals throughout Canada. Since the inauguration of Hospital Day, in 1921, its value to the hospital has grown slowly but steadily for, in many communities, the general public has very little conception of the many branches of work which a modern hospital maintains. This year let us utilize to the full the opportunities this day affords us—too often National Hospital

Day is regarded as an inconvenience from which nothing is gained. It is quite true that "open house," without any direction or information being given to the visitors is of little use, but the hospital which puts forth a real effort to have organized demonstrations tells a different story. To advertise your hospital with dignity, and to build up public confidence in hospitals and modern nursing, should be considered a duty which has too long been neglected.

OBITUARY

CORBETT—On January 29, 1936, a cable from Shanghai, China, announced the death of Mrs. Hunter Corbett, formerly Harriet Sutherland, a member of the class of 1888 of the School of Nursing of the Toronto General Hospital. Following her graduation, Miss Sutherland became one of the pioneer group of Canadian Presbyterian missionaries who went to China to work in the Province of Honan. She subsequently married the Reverend Hunter Corbett and for nearly fifty years made her home in Chefoo.

Of her and of her husband a friend has said: "Their names came to stand for something very fine and inspiring in Christian philosophy and life."

CORNWALL—On March 15, 1936, at the Lady Minto Hospital, Ashcroft, B.C., the death occurred of Dorothy M. Cornwall, a graduate of the School of Nursing of the Vancouver General Hospital and a member. At the time of her death Miss Cornwall was in charge of the hospital and died after a brief illness.

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... OFF ... DUTY ...

Not long ago . . . we listened with considerable interest . . . to a conversation . . . in which we got some first-hand information . . . about how it feels . . . to be a bit light-headed . . . It has often occurred to us . . . that very few nurses . . . either understand or sympathize . . . with those patients . . . who are troubled with . . . thick-coming fancies . . . One sees the comment . . . "slightly irrational at times" . . . neatly entered on the chart . . . in the same stereotyped fashion . . . as "resting quietly" . . . although in each case . . . the phrase may denote . . . a state of consciousness . . . quite beyond the ken . . . of the casual observer . . . However, to return to our witness . . . it seems that for some weeks . . . there came every evening . . . a touch of fever . . . and a sense of "queerness" . . . which made the furniture . . . take on strange aspects . . . Of course he knew quite well . . . that there really was no one . . . sitting in the chair . . . at the foot of his bed . . . and as soon as the nurse came in . . . the window curtain became . . . an innocent piece of dotted net . . . and not a veiled figure . . . He never mentioned . . . these mild aberrations . . . because, one morning . . . when he was quite "rational" . . . he had taken a surreptitious glance . . . at his chart . . . and had realized . . . that the eagle eye of the nurse . . . had seen through . . . his poor pretence of sanity . . . the night before . . . That made him "cagy" . . . (his word, not ours) . . . and he grimly made up his mind . . . to avoid "going cuckoo" . . . by a process of "hanging on to himself" . . . This piqued our professional curiosity . . . so we asked how he did it . . . "Quotations," said he . . . "What sort of quotations?" said we . . . "Any kind at all . . . bits of poetry . . . Edgar Guest" . . . (we shuddered) . . . "verses out of the Bible . . . bits of the Shorter Catechism" . . . "they were the best of the lot" . . . said our friend, meditatively . . . We enquired whether the remedy worked . . . and were told . . . that it did . . . pretty well . . . most nights . . . though not always . . . "Gives you something to hold on to . . . keeps you from drifting off . . . put a crimp in that nurse, anyway," said he . . . with a wicked grin . . . "Less of that 'slightly irrational' stuff on the chart" . . . That night we turned the idea . . . over in our mind . . . and dimly remembered . . . reading something, somewhere . . . about mystics of the East . . . who voluntarily do mental gymnastics . . . of this sort . . . by way of exorcizing evil influences . . . We even found ourselves . . . going through a sort of rehearsal . . . and letting "quotations" bob up . . . without let or hindrance . . . The first one was . . . "the multitudinous seas incarnadine" . . . After that they trod on one another's heels . . . in a most disorderly fashion . . . "Never, never, never" . . . "Heed no more the heat o' the sun" . . . "Blow, blow, thou winter wind" . . . Better shut the door upon the Bard of Avon . . . and the Tragic Muse . . . We had never learned the Shorter Catechism . . . but what about the Litany? . . . We couldn't get the intercessions . . . into proper order . . . as the Rector used to read them . . . on drowsy Sunday mornings . . . in the summer . . . but we heard the drone of the bees . . . in the big lime tree . . . in the churchyard . . . quite distinctly . . . before we fell asleep . . .

E. J.



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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Lenta Hall, Victorian Order of Nurses, Halifax; First Vice-President, Mrs. C. F. Gillis, 9 Welsford St., Halifax; Second Vice-President, Mrs. C. M. Ryan, All Saints' Hospital, Springhill; Third Vice-President, Miss A. W. Foster, W.K.M. Hospital, Berwick; Recording Secretary, Miss Ruth Hart, 122 Spring Garden Rd., Halifax; Treasurer and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss S. Margaret Jamieson, R.R. 1, Brantford; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss D. Mickleborough, 9 Humewood Dr., Toronto; *District 1*: Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3*: Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4*: Chairman, Miss C. Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5*: Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6*: Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7*: Chairman, Miss L. D. Acton, Kingston General Hospital; Secretary-Treasurer, Miss O. Wilson, Kingston General Hospital; *District 8*: Chairman, Miss M. Hall; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9*: Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10*: Chairman, Miss V. Lovelace, 3 Wiley Rd., Port Arthur; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses F. Connelley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Blackbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Miss T. Graham, 222 Cooke St., Port Arthur; *Councillors*: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin, Mademoiselle Marie Roy; President, Miss C. V. Barrett, Royal Vic-

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors*: Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees*: *Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St. Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Mrs. M. I. Teulon; *Programme*, Miss M. Wiamer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Director*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners*: *Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Schele; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealy; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres., Miss M. Mirfield; Second Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmillar Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners*: *Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative for the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners*: *Visiting*, Miss R. Hall; *Refreshments*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss Pearl Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss M. Wilkins; Recording Secretary, Miss Anne Effler, Ste. 12, Diana Court; Corresponding Secretary, Miss Helen Ross, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss Mary Shepherd, King George Hospital; *Visiting*, Miss Grace McKeavor, Winnipeg General Hospital; *Entertainment*, Mrs. C. B. Stewart, Ste. 38, Ritz Apts.; *Alumnae Club*, Miss S. Tretiak, Winnipeg General Hospital; Editor of Journal, Miss Julia Moody, 76 Walnut St.; Assistant Editor, Miss Annie Taylor, Winnipeg General Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Mrs. F. McKelvey; Second Vice-President, Miss S. Hartley; Secretary, Miss C. Gleeson; Treasurer, Miss K. A. Holt; *Executive Committee*: Miss M. Murdoch, Miss Henderson, Mrs. J. H. Vaughan, Mrs. J. E. Beyea.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas., Miss P. Palmer, Woodstock; *Executive Committee*: Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees*: *Visiting*, Mrs. A. Wart; *Programme*, Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative*, Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Miss Gertrude Crosby, 22 Morray Apts., Morris St.; Vice-President, Miss Iona Marshall; Treasurer, Miss Muriel Graham; Secretary, Miss M. L. Ripley, 303 Morris St., Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee*, Miss T. Bird; Representative to *The Canadian Nurse*, Miss M. Jury.

A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss A. Schiefele; Vice-President, Miss E. Bingham; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss L. Watson; *Committee Conveners*: *Executive*, Mrs. R. Hess; *Programme*, Miss N. Ewart; *Flower and Visiting*, Miss A. Squires; *Registry*, Miss M. Ward; *Budget*, Miss H. Aitken; *Nominating*, Mrs. N. Barlow; *Representatives*: to *R.N.A.O.*, Miss J. Souter; to *Women's Auxiliary*, Mrs. J. Stephen; to *The Canadian Nurse*, Misses R. Burnett, E. Bell, J. Murray.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; *Representatives*: to *R.N.A.O.*, Miss Jean Morin; to *The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. H. Lawlor; Secretary, Miss H. Bajus; Treasurer, Miss T. Pitley, 430½ Alfred St.; *Executive Committee*: Mrs. T. J. Ahearn, Mrs. V. Nicholson, Misses M. McCadden, J. O'Keefe; *Committee*: *Visiting*, Miss M. Bramah; *Social*, Misses A. Hilton, M. Birket.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Bernice Graham, 216 Princess St.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. President, Miss K. W. Scott; President, Miss Hazel Murdoch; First Vice-President, Miss C. Mulholland; Second Vice-President, Miss F. Ludolph; Secretary, Miss R. L. Gallther, Kitchener-Waterloo Hospital; Assistant Secretary, Miss S. Ruhl; Treasurer, Miss R. Scheil.

A.A., Ross Memorial Hospital, Lindsay

Hon. President, Miss E. Reid; President, Miss I. Hickson; First Vice-Pres., Mrs. Cresswell; Second Vice-Pres., Mrs. R. Moore; Corresponding Secretary, Miss D. Wilson, R.R.1, Lindsay; Treasurer, Miss D. Schofield; *Committee Convener*: *Social and Flower*, Miss Marguerite-Hopkins.

A.A., St. Joseph's Hospital, London

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Margaret DeCou; Second Vice-President, Miss Claire Gadin; Recording Secretary, Miss Margaret Myers; Corresponding Secretary, Miss Bernice Farr, 883 Adelaide St.; Treasurer, Miss Katharine Kelleher; *Representatives to Registry Board*: Misses Cecile Slattery, Madaline Baker; *Press Representative*, Miss S.ella Gignac.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stewart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. McLaughlin, Base Line Rd.; First Vice-President, Miss E. Swetnam; Second Vice-President, Miss C. Gillies; Recording Secretary, Miss M. Wilson; Treasurer, Miss I. Stewart, Victoria Hospital; Corresponding Secretary, Mrs. F. Dowling, 114 Wellington St.; *Board of Directors*: Misses J. Mortimer, V. Ardiel, E. Stephens, C. Fisher, Mrs. P. Allison.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. President, Miss M. Park; President, Miss V. Goodland; First Vice-Pres., Mrs. A. Sheedy; Second Vice-Pres., Miss A. Pirie; Sec.-Treas., Miss D. Scott; Corr. Sec., Miss E. Quinn, 963 Willmott St.; *Visiting Committee*: Misses G. Thorpe, R. Etsell, Mrs. L. Evans; *Membership*: Misses E. McCulloch, M. Kiemele; *Representative to The Canadian Nurse*, Miss F. Loftus.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

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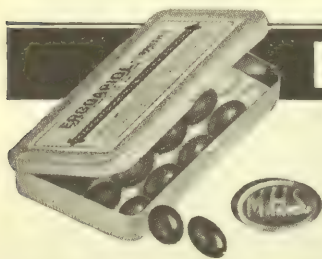
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ARTERIO-SCLEROSIS

SAMUEL MIRSKY, M.D., Member of the Medical Staff of the Ottawa Civic Hospital.

From the day we are born, we begin to die. The organs of the body, in the successive decades of life from birth to old age, continually record degenerative changes, in some people earlier than in others, in some organs more noticeably than in others. Among the tissues of the body that commonly register these changes are the arteries, with the development of arterio-sclerosis. Arterio-sclerosis is a term loosely used to describe changes in the arteries that result in loss of elasticity, hardening, rigidity and tortuosity. The important rôle of arterio-sclerosis in life has been well expressed by the axiom: "A man is as old as his arteries."

The onset of these changes is variable in different individuals. It is not uncommon to see a man of thirty years with arteries of a man of sixty. The factors that influence these changes are many. In the first place, the quality of the "vital rubber" a man has inherited is important; entire families may show the tendency to early arterio-sclerosis. More commonly the arterio-sclerosis results from the bad use of good vessels. Living under constant strain and high pressure contributes in no small measure to the premature ageing of normal vessels. Intoxications and infections such as lead poisoning, rheumatic fever, typhoid fever have been definitely associated with the development of arterio-sclerosis, while the metabolic diseases such as diabetes and nephritis also play a well recognized rôle.

One other important factor in the de-

velopment of arterio-sclerosis is hypertension. The blood pressure or force with which the blood circulates, depends upon five factors: the heart pump supplies the force; the elastic coats of the large arteries convert an intermittent stream into a continuous one; the small arteries act as taps regulating control to the different parts; the capillary bed is the irrigation field over which the fluid is distributed; the drainage system is represented by the veins and lymph channels. The importance of a necessary pressure was first realized by Galen when he said: "Many canals, dispersed throughout all parts of the body, convey to them blood as those of a garden convey moisture, and the intervals separating those canals are wonderfully disposed by nature in such a way that they should neither lack a sufficient quantity of blood for absorption, nor be overloaded at any time with an excessive supply." High tension may be associated with arterio-sclerosis in the small vessels of the heart or kidney (usually both) or it may be of some unexplainable origin.

Much disagreement exists in regard to the actual sequence of events in the development of the arterial changes. Certainly not all cases are similarly affected. Though the disease is generalized, it usually predominates in one organ. In some, the larger vessels are involved; in others, the smaller. The different vessel coats are variably affected. But, whatever the etiology or sequence of events, the results

are the same, namely, arteries without elasticity, hard, rigid and tortuous. Dilation, bulging and even rupture may occur and in the smaller vessels complete obliteration, sometimes hastened by thrombosis, is not uncommon.

As the disease is generalized and insidious in its onset, so are the early symptoms. Particularly in the senile type, mental and physical deterioration follow vague symptoms of indisposition, irritability, emotional instability and insomnia. Frequently, digestive disturbances prove very troublesome, and anorexia is marked. As the nutrition of the heart muscle becomes compromised, symptoms of myocardial inefficiency appear. This individual, in the later stages of the process, is well described by Shakespeare:

The sixth age shifts
Into the lean and slippered pantaloons
With spectacles on nose and pouch on side
His youthful hose well saved, a world too wide
For his shrunk shank; and his big manly voice
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all
That ends this strange eventful history
Is second childishness and mere oblivion
Sans teeth, sans eyes, sans taste, sans everything.

Arterio-sclerosis with hypertension presents a somewhat different picture. Here we are dealing with people of middle age or just past middle age, often healthy looking, whose hypertension is accidentally recognized in routine examination. Nervousness, irritability, fatigability, and headache are among the common symptoms, and as the disease progresses, the heart manifestations appear. The effect of arterio-sclerosis on the myocardium occurs in three ways: by interference with the proper nutrition of the heart muscles through narrowing of the coronary arteries, thus sometimes also interfering with the rhythm mechanism in the myocardium; by the obliteration of the vessels of the valves producing valvular defects; and finally, as a result of changes in the heart muscle resulting from generalized arterio-sclerosis with its

associated hypertension and increased peripheral resistance. Of the common cardiac irregularities or arrhythmias frequently observed as a result of arterio-sclerosis, premature systoles are the most common. It is recognized by the occasional extra beat when taking the pulse. Auricular fibrillation is another common development and is recognized by an extremely irregular pulse, irregular in rate, rhythm, volume and tension. Heart block, recognized by a regular irregularity, may occur.

Electro-cardiography

While on the subject of cardiac irregularities, it might be of interest to devote a few moments to the subject of electro-cardiography. The electro-cardiograph is an instrument by which it is possible to record graphically the movements of the auricles and the ventricles, the origin of the stimulus for contraction, the path along which it travels, the time it takes to travel, the time it takes the auricle and the ventricle to contract.

The stimulus for contraction normally arises in the sinus part of the auricle. It travels along a definite path to a node called the auricular ventricular node and from here it goes down a path in the interventricular septum to be distributed to the musculature of each ventricle. Because of impaired circulation to this region the various arrhythmias result. These are not always recognized by simple pulse takings, and the necessity of actually determining the origin and nature of the irregularity is essential to both the treatment and prognosis. The electro-cardiograph is used for that purpose. The principle of the instrument is based on the fact that when a muscle contracts it can produce an electric current if both ends of the muscle are connected with wires to complete the circuit. The connections are made through the skin, so that the arm would represent a connection at the base of the heart and the leg at the apex.

The connection of a very fine recording instrument called a galvanometer to measure the degree of current made by each heart contraction in this electric circuit constitutes the electro-cardiograph and the record an electro-cardiogram. While the electro-cardiogram is a great aid in diagnosis of doubtful cases it can only record limited information and frequently normal electro-cardiograms do not exclude the presence of severe myocardial damage.

"Rest" and "Reserve"

In considering heart disease, it is of fundamental importance that we should have a true conception of the principles which underlie heart failure. It should be understood that the essential cause of heart failure lies in the heart muscle. Changes in the heart muscle render it unable to maintain an efficient circulation. Now, if this view of the causation of heart failure be correct, valvular defects, diseased conditions of the blood vessels, disturbances of normal rhythm, should be regarded from the point of view of the relation which they bear to the heart muscle, rather than as specific affections in themselves. The "rest force" of the heart is the force inherent in the heart muscle of maintaining an efficient circulation when the body is at rest. When effort is made the heart calls on its "reserve force." The amount of reserve force is of utmost importance and can be estimated by the response of the heart to effort. The pulse rate after standard physical exertion and, what is of much greater value, the amount of exertion in which a patient can indulge without experiencing undue shortness of breath, undue palpitation, undue fatigue, giddiness, faintness, discomfort or pain, or sense of constriction in the chest are the standards of measurement.

The "rest force" in different individuals varies according to their activities and every individual knows just how much he can do without experiencing symp-

toms of cardiac distress. It is the deviation from normal, the recognition that less than his normal exertion produces these symptoms which indicates the onset of heart failure. Cardiac failure almost invariably begins with diminution of the "reserve force" of the heart, and only ultimately do the symptoms of cardiac distress appear with the patient at complete rest. The terms "compensation" and "decompensation" are frequently used to express whether or not the myocardium responds adequately or inadequately to demands made upon it by exercise.

Whether the arterio-sclerosis results in arrhythmias, valvular defects or destruction of the myocardium, the essential factor depends on the amount of "reserve force." As the disease progresses the "reserve force" is gradually reduced and the dyspnoea, palpitation, fatigue, giddiness, faintness, precordial discomfort and pain become increasingly more prominent until the patient presents the usual picture of complete myocardial insufficiency.

Thrombosis

Not uncommonly the final episode is coronary thrombosis. Decreased rate of flow in the artery, together with changes in the intimal coat, predisposes the vessels to thrombus formation. The formation of a thrombus naturally results in sudden and complete occlusion of the vessel involved. If large, rapid necrosis of the myocardium results and death rapidly supervenes. If the vessel is small, the patient survives and scar tissue replaces the destroyed myocardial fibres.

The complication sets in very suddenly. Usually it is in a male, past middle age, who has had a few symptoms of myocardial insufficiency. Occasionally previous symptoms may have been so slight as to have been overlooked. Precordial pain, shock and collapse suddenly develop. The pain may be severe and radiate as in angina pectoris or it may consist of substernal discomfort. Some-

times the pain is in the epigastrium and associated with nausea and vomiting; it is these latter symptoms that have frequently led to the mistaken idea that death in these cases was due to acute indigestion.

The pain is persistent, lasting for hours and the patient is restless and may walk around for relief, the colour ashen pallor, with profuse cold sweating. The pulse is rapid, weak and sometimes irregular. The electro-cardiogram may or may not show characteristic changes. The prognosis in these cases is very grave and death may result in a few minutes to a few hours. Where the patient survives the initial shock, and lives for a few days the outlook is better. At least three months of mental and physical rest are essential to recovery. The subsequent care is similar to that of chronic myocardial failure.

Treatment

From the nature of the pathological changes which take place in the arteries in arterio-sclerosis it is obvious that resto-

ration of these vessels to normal is impossible. A great deal, however, may be achieved in relieving symptoms, and in retarding or even arresting the disease. Early recognition and early treatment are essential. Foci of infection should be removed. The diet should aim to build up the anaemic and undernourished and reduce the obese. Elimination should be properly effected, using mild cathartics. In cases of insomnia and tachycardia or extra systoles, tea and coffee should be avoided. Exercise, regular and systematic, commensurate with myocardial efficiency, should be advised. Massage and physiotherapy are often helpful where active exercise is contra-indicated. The hours of work should be reduced, the tension of life relieved as much as possible. Long vacations should be encouraged. In short, the attitude to be adopted must be that since the heart can no longer keep up with the individual, the individual must come down in his activities to the level of his heart.



AN APPOINTMENT

The Saskatchewan Registered Nurses Association has appointed Miss Ada M. Hubbell to the position of School of Nursing Adviser and Registrar. Miss Hubbell is Canadian by birth and attended Alma College in St. Thomas, Ont. She is a graduate of the School of Nursing of the Cleveland City Hospital and holds the degree of Bachelor of Science (majoring in administration of schools of nursing) conferred by Teachers College, Columbia University.

Miss Hubbell's experience has been such as to afford her an excellent preparation. She has served as instructor and assistant in Christ Hospital, Jersey City, as assistant in Harper Hospital, Detroit, and as supervisor in the

communicable disease department of the Victoria Hospital, London, Ontario. She also has first-hand knowledge of public health work, having organized a generalized health programme, under the auspices of the Red Cross Society, in a community of four thousand people. Last, but by no means least, she has had actual experience in private duty nursing.

The Registered Nurses Association of Saskatchewan is to be congratulated upon the enterprise which has been displayed in making this appointment possible and in the selection of a properly qualified nurse to fill it. Miss Hubbell will assume her new duties during the first week of September.

PORTRAIT OF MISS GUNN

Here is another fine portrait to add to our "national gallery" of distinguished Canadian nurses. The artist is Sir Wyly Grier and he

beyond the limits of her own country. Yet she is essentially Canadian and personifies some of the qualities which we are proud to think are



JEAN I. GUNN, O.B.E.

has given us a vivid likeness of one of the most beloved and respected women in the nursing world. We speak in the broadest sense, for the fearless and enlightened leadership of Jean E. Gunn has been manifested far

peculiarly characteristic of Canadian nurses. There could be no higher praise.

This portrait is a gift of the Alumnae Association to the School of Nursing of the Toronto General Hospital. As a work of art it has

great distinction: the soft grey of the dress contrasts admirably with the rich drapery of the background. The strong modelling of the head is particularly striking and, beneath the gravity of expression, the artist has managed to convey a hint of the unflinching humour

which is so characteristic of Miss Gunn. The decorations she is wearing are two of the many which have been conferred upon her—the insignia of the Order of the British Empire and the Florence Nightingale Medal awarded by the International Red Cross Society.

PROVINCIAL MEETINGS

British Columbia

The annual meeting of the Registered Nurses Association of British Columbia was held at Victoria, on April 17 and 18, with an interesting programme. Report of the activities of the Association and of both standing and special committees were of much interest, and much stress was laid on the approaching Biennial Meeting of the Canadian Nurses Association in Vancouver and the hope expressed that many from British Columbia would attend. Interesting meetings of the sections were held and from the Public Health Section came the following resolution to be presented to the Canadian Nurses Association for consideration: "That the Canadian Nurses Association be asked to investigate the possibilities of the establishment of a fund for a National Pension Scheme for which all the members of the Association would be eligible and to which they would be contributors."

The annual dinner was held at the Oak Bay Beach Hotel, and an address was given by Mrs. Mutrie, assistant City Relief Officer, on "Social Work from a relief worker's point of view." Dr. T. W. Walker, superintendent of the Royal Jubilee Hospital, spoke on "Standards of nursing" and emphasized the need of facilities for physical training of the student nurse. Meetings on Saturday afternoon and evening gave opportunity for transaction of business. Details of a scholarship to be given in 1936 were discussed and associations in British Columbia will be notified of the arrangements for applications. An excellent paper on "Malignant diseases from the point of view of a registered nurse," by Dr. Bede J. Harrison, was one of the features of the afternoon. Another, with an intentional omission of title, but which proved to be one of excellent advice to nurses as to future outlets both within and without their profession, was that given by Dr. George F. Davidson, director of the Van-

couver Welfare Federation. The nurses were entertained at tea by the Royal Jubilee Hospital on April 17, and the meetings were held at this hospital by the courtesy of the authorities. Saturday's meetings were held at St. Joseph's Hospital and refreshments were served at conclusion of the evening's sessions. Votes of thanks were extended to both hospitals and their executives, the speakers and the press.

Ontario

The annual meeting of the Registered Nurses Association of Ontario was, as usual, a most stimulating experience. This year the Association met in Peterborough and the sessions lasted for three days—April 15 to 17. There was not a dull moment and the arrangements committee, under the able direction of Miss E. M. Leeson, superintendent of the Nicholls Hospital, deserves special commendation for the excellent planning which ensured comfortable meeting places as well as delightful social affairs. The wheels seemed to turn so easily that one almost forgot the careful attention to detail which such occasions demand.

The programme included the consideration of some valuable reports, among them that of the committee on the distribution of nursing service which will appear in full in the *Journal*. Animated discussion centred round the policies to be adopted with respect to the Permanent Education Fund and there was a lively debate regarding the tentative report (presented by Miss Mary Millman) of the committee of the Canadian Nurses Association respecting Dominion registration. A most stimulating report of the activities of the provincial Council of Nursing Education was presented by Miss E. Muriel McKee. Miss Edith Young, instructor at Nicholls Hospital, drew attention to the excellent professional and educational exhibit which was of unusual value and interest.

Through the good offices of the Peterborough Medical Society, an exhibit dealing with cancer was placed on view. This was prepared by the American Society for the prevention of cancer and by the Ontario Department of Health. In addition there was a fine exhibit concerning tuberculosis and a most informative film was shown by Dr. Neal.

An outstanding feature of the meeting was the fact that all sessions were general in character. There was no huddling of private duty nurses in one room, or of nurse educators in another or of public health nurses in a third. On the contrary, everybody came and everybody spoke their minds. The private duty group, with Miss Jean Church presiding, set the ball rolling with three very fine papers: "Essentials of nursing care in tuberculosis," by Miss M. McCort, of the Niagara Peninsula Sanatorium, St. Catharines; "Nursing care in some types of mental illness," by Miss Edith Dick, of the Nurse Registration Branch, Ontario Department of Health; "Private duty nurses' problems," by Miss Madalene Baker, a private duty nurse of London. We hope eventually to publish all of them but a word must be said here about Miss Baker's contribution. She made history because she said, out loud, that the principle of supervision must be accepted in the private duty field. There was an audible gasp but no one fainted away nor was Miss Baker rebuked for her temerity. Perhaps we should add that she is herself a successful private duty nurse. The nurse education section, under the chairmanship of Miss S. Margaret Jamieson, took hold where the private duty section left off and pointed the way toward better preparation for community service.

The public health section, with Miss Edna Moore presiding, offered a lively panel session with Miss Edna Howey, supervisor in the Ontario Department of Health, as the foreman of an extremely intelligent "jury." The "jurors" included: Miss Helen Heffernan, superintendent, St. Elizabeth Visiting Nursing Association; Miss M. A. Read, child hygiene nurse, Board of Health, St. Catharines; Miss Bessie Wilson, school nurse, Kingston; Miss Miriam S. Sherwood, public health nurse, Niagara Peninsula Sanatorium; Miss Jessie Y. Farquharson, public health nurse, East York Township, Dr. Cameron A. Warren, medical officer of health, York Township. Our readers will later have an opportunity of judging for themselves how clearly and completely this question was answered: "How may communities receive public health nursing service?"

Reports from all the ten districts were pre-

sented by their respective conveners: District 1, Miss Mabel Hoy; Districts 2 and 3, Miss Helen L. Potts; District 4, Miss Constance Brewster; District 5, Miss P. Beatrice Austin; District 6, Miss Florence Fitzgerald; District 7, Miss M. Bliss; District 8, Miss Maude E. Hall; District 9, Miss H. Elizabeth Smith; District 10, Miss May Hamilton. It was more than ever apparent that the provincial Association, through its ten districts, is building up a fine spirit of co-operation and mutual understanding among its members and that its value especially in the outlying parts of the province, is increasing from year to year.

Peterborough is noted for its hospitality and was true to its reputation. The members of District 6 tendered a delightful afternoon tea, and the Alumnae Association of Nicholls Hospital and of St. Joseph's Hospital, Peterborough, arranged a much appreciated supper in the pleasant surroundings of the Kawartha Country Club. Much to the regret of every one, the reception arranged by Dr. and Mrs. Stewart had to be cancelled owing to the illness of Dr. Cameron. His unfailing interest in nursing affairs has been manifested for many years and his absence was a keen disappointment to the Association.

The retiring president, Miss Marjorie Buck, was tendered a hearty vote of thanks for her wise direction of the affairs of the Association. She has displayed both dignity and poise and has rendered untiring service. Miss Matilda E. Fitzgerald received much praise for her loyal and efficient work as secretary-treasurer. The new president is Miss Ethel Cryderman, superintendent of the Toronto branch of the Victorian Order of Nurses. She brings to her task the qualities of initiative and leadership which it demands and, under her capable direction, great things may be expected from the Registered Nurses Association of Ontario during the coming year.

Saskatchewan

The annual meeting of the Saskatchewan Registered Nurses Association took place in Regina on April 16-17, 1936. Miss Edith Amas, of Saskatoon, occupied the chair in the capacity of President of the Association. Miss Elizabeth Smith, of Moose Jaw, convener of the public health section emphasized the need of an increased staff of provincial public health nurses; at present there are 57 public health nurses in the province. Miss H. Wills, of Regina, convener of the private duty section, stated that each centre had reported some improvements in employment, although eight-hour duty had not, so far, proved a success, chiefly due to lack of co-operation on the

part of doctors and of the public. However, an increase in the number of calls shows that it is slowly growing in favour.

Reporting as convener of the nursing education section, Miss A. Lawrie, of Regina, said that exception had been taken to the action of the Provincial Government in rescinding the amendment to the regulations governing hospitals which conduct schools of nursing. The former Government had raised the re-

quirements of small hospitals to seventy beds but the present Government had lowered this requirement to thirty beds. The necessity for maintaining high standards in the training school was emphasized. The delegates from the S.R.N.A. to the Biennial Meeting of the Canadian Nurses Association will be Miss Edith Amas, of Saskatoon; Miss Annie Lawrie, of Regina; Miss Elizabeth Smith, of Moose Jaw, and Miss H. Wills, of Regina.



GETTING THE FACTS

The nursing profession has long recognized the fact that non-hospitalized sick people are not provided with the kinds and quality of nursing service necessary, but it remained for District 5 of the Registered Nurses Association of Ontario to present to the Board of Directors a resolution which determined action to meet this perplexing problem:

"In view of the fact the present economic situation has awakened public interest in the need for more adequate provision of nursing care for those whom under the most favourable conditions are too often deprived of such care, it would seem timely to make as intimate a study as is possible of the extent to which nursing service is available to those of the non-hospitalized sick who are in need of such services."

The following members were then appointed to the committee on distribution of nursing service: Miss Isabel MacIntosh (convener), Miss Marjorie Buck, Miss Edna Moore, Miss Matilda Fitzgerald, Miss Ethel Cryderman. It was felt that more permanent value would be given to the work of the committee by seeking the co-operation of the medical profession and the sympathetic understanding of the community, Mrs. W. F. B. Parsons, M.B.E., of Port Credit, representing the Federated Women's Institutes of Ontario; Miss Nell Wark of the unemployment relief branch of Public Welfare, and Dr. Ward Woolner, of Ayr, were therefore offered and accepted membership.

In June, 1934, the first step was taken toward obtaining statistical evidence of the need for a better distribution of nursing services through some comprehensive survey of sick

people in Ontario. If funds had been available a full-time worker would have been secured for the task but an approach to the Rockefeller Foundation brought a negative reply. However, since the necessary money could not be found it was decided that a less intensive survey must be undertaken by the members of the Registered Nurses Association of Ontario.

In each of the nine districts the local chairman was asked to organize the membership for a canvass of the physicians but it was decided to exclude the cities of Hamilton, London, Ottawa and Toronto. This decision was not based on the assumption that the people in these centres enjoy the full benefits of nursing service but rather upon the comparative ease with which such information could be obtained from the welfare and health agencies in these cities together with the tremendous extent of the task undertaken by the personal visit method.

The method of study agreed upon was to provide a questionnaire which would be presented to the physicians on a given day by members of the Registered Nurses Association of Ontario. The questions referred to only one day, namely, the day previous to the nurse's visit. The questionnaire was prepared by the committee and approved, together with the plan of organization by the Board of Directors. The proposed plan was discussed with representatives of the Ontario Medical Association and the approval of their Board of Directors was voted. The Ontario Medical Bulletin published an article explaining the survey and commending it to the physicians.

The success of this effort to obtain accurate

statistics is commensurate with the amount of leadership available in the Districts and it is interesting to note that out of 2,282 questionnaires provided to District chairmen, 724 were returned. Of these, 678 were complete, 39 were unsuitable for tabulation, and seven were refusals to answer. The returns were tabulated by Miss Mary A. Ross, M.A., Department of Epidemiology and Biometrics, School of Hygiene, University of Toronto. The complete statistical analysis of the survey is too comprehensive to include in this report but we want you to know that out of 13,982 current cases of illness:

42% maternity patients needing nursing care were not receiving it.

51% pneumonia patients needing nursing care were not receiving it.

73% acute communicable patients needing nursing care were not receiving it.

62% of patients suffering from other medical diseases needed care.

25% of surgical cases needed care.

No so-called "luxury nursing" is included in this report.

These figures supply the key to some understanding of the problem. Two points are obvious—that the community is not being adequately supplied with nursing services and that most of the families in the community are

unable to pay for skilled service. Surgical cases receive the most adequate care, while in acute communicable diseases—the dread of every Ontario home—all but 27% are left to the problematical care of the family.

There is nothing new in the general statement that many sick people are forced to do without professional nursing service while an even higher percentage of nurses are in need of employment. What is new is this study of clearly substantiated facts; and it is from these facts and not from anyone's theory that this committee feel they have paved the way for devising a new system of community service which will at least provide the essential nursing care with regard to the patient's need rather than his economic standing.

At the time of this provincial survey, various doctors made constructive comments of which the main interpretations are:

The need for intensive community education regarding the great necessity of procuring nursing services for the non-hospitalized sick.

The need of education in schools of nursing toward developing, in the student nurse, a more sympathetic understanding of household problems.

The necessity for including licensed practical nurses in any new system of community service.

HOLIDAYS

MARY WILSON, Reg. N., Toronto.

It was a glorious June morning when Ruth and I, after long months of night duty, set our faces westward for a long-promised holiday. To behold the Rocky Mountains with one's own eyes is to realize how futile is any effort at describing them, and this we learned on that June day when, from morning until night, we were carried along on ribbons of steel, or at times seemingly suspended in mid-air. Higher and higher we climbed, winding our way about and around, between or over the sides of gigantic boulders, each curve exposing to view some new panorama of colour or awe-inspiring snow-crowned peak. Then onward still, over stream and torrent, through valley, field, and verdure we rushed, reaching our destination exactly on time. A few of our travelling companions hurried off to their waiting steamers bound for business in the Orient,

but Ruth and I had eyes for nothing more inviting than that Western coast of our own, our native land!

How wonderful is the charm of the placid Pacific with its summer skies and shores of endless green. Around and about stand the snow-capped mountains—those silent guardians of fertile valleys yet unpeopled; of rocky wealth yet undeveloped and of countless miles of timber unsurveyed. And what a harbour! Well might it be the pride of any nation. Here we rested in silent wonder.

But holidays must end, and soon amid fields of golden grain we found ourselves hurrying back over the plains. It was night again on the prairie, but this time we left our train at Foxville. That little village had secured a place on the map of a new line of rail, and had its primitive railway station. The Foxville padre

met us and motored us across the prairie to the new Community Centre where Ruth had been appointed to take charge of the hospital division of that work. From the roof-garden of this hospital one may count some ten towns and villages dotted about, and, towering far above them in the distance, the numerous grain elevators scattered over the land.

It is harvest time now, in every sense, and

tomorrow Ruth and I will join the golden wedding celebration of a once despaired-of patient. What an evening of genuine joyousness and freedom in the open it will be. From the hour set for that bridal procession until long after sunset we shall catch the fragrance of the wild flowers of the prairie and, amid friends and kinsfolk, feast our eyes upon the vastness of the plains in the gloaming.

COMING EVENTS

Alberta

The twentieth anniversary of the Alberta Association of Registered Nurses will be celebrated at its forthcoming meeting which will take the form of a combined refresher course and convention. The meetings will be held at the Palliser Hotel, Calgary, from June 22 to June 25 inclusive. Addresses will be given at the morning sessions by the following speakers: *Trends in Private Duty Nursing*: Miss E. Johns, editor of *The Canadian Nurse*; *Institutional teaching and ward management*: Miss Marion Lindeburgh, director of the School for Graduate Nurses, McGill University; *Public health nursing*: Miss Elizabeth Smith, director of health activities of the provincial Normal School, Moose Jaw, Sask.

Three afternoons will be devoted to the business of the Association and one afternoon to observation in hospitals. Miss Eleanor McPhedran, who for the past twenty years has given continuous services to the Association, will give an outline of its history.

Toronto

The School of Nursing of the Hospital for Sick Children will celebrate the fiftieth anniversary of its foundation in June of this year. The following events will mark the occasion. On Monday, June 8, a re-union dinner of the Alumnae Association will take place at the Eaton Round Room, with the members of the graduating class of 1936 as guests of honour. The dinner will be followed by a dance and a good attendance is anticipated. On Tuesday, June 9, the Graduation Exercises will be held in the Convocation Hall of the University of Toronto. A reception at the Nurses' Residence will follow the Exercises. On Wednesday, June 10, a garden party has been arranged at the country branch of the Hospital at Thistledown from four to six o'clock in the afternoon.

The Trustees and Officers of the Hospital cordially invite the Graduates of the School to attend the Graduation Exercises and the Garden Party.

A WELCOME VISITOR

During the month of April Miss Alma C. Haupt, Director of Nursing Service in the Metropolitan Life Insurance Company, paid a visit to some of the Canadian centres where branches of that service are established. In company with Miss Alice Ahearn, superintendent of the Metropolitan nurses in Canada, she made a special study of the work done in Montreal under the auspices of the Company. Miss Haupt was the guest of honour at the annual dinner of the Montreal group and won

all hearts by her spontaneity and humour. She also addressed the annual meeting (held in Ottawa) of the Victorian Order of Nurses of Canada and was guest speaker at several functions arranged in her honour in Toronto. Miss Haupt brings to her responsible task the qualifications and the experience which it demands. She previously served as assistant director of the National Organization for Public Health Nursing and, in addition, rendered valuable service with the Commonwealth Fund.

AN ADVENTURE

CHRISTINA MURRAY, one of the Canadian "Internationals."

A year has gone by and another Canadian nurse will be setting forth on a great adventure. For it is a great adventure to spend a year in London studying under the auspices of Florence Nightingale International Foundation. It is a privilege not only to study there but also to meet nurses from all parts of the world.

Shortly she will be sailing down the mighty St. Lawrence and saying farewell to Canadian shores. How we envy her those days on the ocean and that moment when the coast of England is first sighted! We can picture her experiencing the excitement of landing, of passing through the customs, and, with porter in tow, of seeking her place in a compartment of the compact British train which seems so queer to Canadian eyes. Next we follow her to Manchester Square where she will be graciously welcomed by the Warden and taken to the room named after her country. There she will find things, such as homespun blankets from Murray Bay, to remind her of home. If she is from the Prairies she will be delighted to find a woodcut of a prairie scene with its familiar elevator, its field of wheat and its blue sky. Many times she will gaze upon it and imagine herself, not in the heart of England's greatest city, but driving along a prairie trail bordered with golden grain.

The year's work is begun with a period of observation spent in the wards of London's great hospitals or in the public health centres. If the study of hospital administration be her choice, this nurse may be fortunate enough to be sent to the hospital on the south side of the Thames. There she will live under the shadow of Big Ben, its deep throated voice the last thing she will hear at night and the first thing in the morning. She will never forget the towers of the Houses of Parliament silhouetted against a moonlit sky and the lights of Westminster Bridge shining on the placid waters of the Thames. Like the old lady of the nursery rhyme, she will wonder "Can this be surely I?" These weeks spent in the hospital or "on district" are busy and the days are full, absorbing new sights and ideas. Each week-end the wanderers return to the shelter of Manchester Square to meet their comrades and discuss the pros and cons of "how they do this" and "how we do that."

Then comes the day when the wandering is over for a while and all return to "Number 15." Thereafter, with dispatch cases in hand, the Internationals wend their way each day to Regent's Park and Bedford College or to Henrietta Street and the College of Nursing. And now the days are filled to overflowing with

lectures, reading assignments and writing innumerable essays. The students of non-English speaking countries command the greatest respect from those whose mother tongue is English for the way in which they master subjects, such as psychology, which bristle with technical terms.



CAROLINE ELIZABETH SAGE
Canada's "International", 1936-1937

The Monday afternoon excursions must not be forgotten. After lunch the party gathers in the hall, and, when the last stragglers have appeared, departs by bus and underground for the outlying parts of London. Visits are paid to hospitals, laundries, slum clearance areas, housing schemes, sanitation units and institutions, where those with deficiencies, physical or mental, are cared for and, in some cases, trained to support themselves. These trips are well worthwhile and the student returns home, weary and footsore, but infinitely wiser.

But the days are not all occupied with studies. There are week-ends when lunches are packed and expeditions are made to famous beauty spots near London, such as Kew, Richmond Park, Windsor and Hampton

court. Then there are those afternoons when there is time to seek out museums, quaint streets and historic spots. Those of us who come from a new world become steeped in the tradition of the old and the characters which hitherto have dwelt only in history books become real.

During the Easter recess there is a chance to go farther afield for work in hospitals and public health centres in Great Britain or on the Continent. The trip may be planned to

include southern countries such as France, Italy, Czechoslovakia and Yugoslavia, or in the north Poland, Latvia, Finland, Sweden, Norway and Denmark. In either case there is much to see and learn. Everywhere the new Internationals are received with kindness and are welcomed by the old Internationals as members of a great family. All too soon comes the end of term and the day when all must set out for home. It has been a stimulating year, brimful of new and interesting experiences.

SCHOLARSHIPS OFFERED

Scholarship

At the annual meeting of the Registered Nurses Association of British Columbia, it was decided to award the sum of \$400 (four hundred dollars) to a nurse, registered in British Columbia, to pursue postgraduate study along professional lines at the University of British Columbia, in any one of the following courses: Public health nursing; teaching and supervision in School of Nursing; hospital administration.

Any member of the Registered Nurses Association of British Columbia shall be permitted to make application for this scholarship, provided she has been engaged in the practice of her profession in this province for at least one year prior to her application. The conditions of the award are as follows: That the recipient be willing to work at least one year in the Province of British Columbia, after the course is completed, if a suitable opportunity occurs. Should circumstances be such that she preferred not to fulfil this condition, the scholarship monies would be refunded by her to the Association. The basis of selection

will rest upon the following factors: (a) preliminary general education; (b) school of nursing record; (c) subsequent professional record. Nurses who have been recipients of a previous University scholarship will not be eligible.

Applications should be in the hands of the Registrar of the Registered Nurses Association of British Columbia by July 15, 1936, and should be addressed to 520 Vancouver Block, Vancouver, B.C.

Scholarship

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, will award a scholarship to a graduate of this School who is in good standing in the Association. The sum of \$250.00 is offered if the applicant proposes to take a postgraduate course in a university; if the course is to be taken in a hospital the amount offered is \$100.00.

Application forms may be obtained, from the Scholarship Committee, at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 15, 1936.

UNIVERSITY TRAVEL CLUB

The University Travel Club of Toronto are offering two series of most attractive European tours. One series travels tourist class, by Cunard White Star, and one series third class by Canadian Pacific, featuring the *Empress of Britain*. The value offered in both series is outstanding. In addition to their usual tours

of Great Britain and their Continental itineraries, they are adding optional motor tours in the Pyrenees, Spain, the Châteaux country and Scandinavia. Members of several tours will have the opportunity of visiting the Olympic Games in Berlin and of viewing the new Canadian War Memorial at Vimy.

THE EDITOR'S DESK

The Award

Under the caption of "Notes from the National Office" the executive secretary of the Canadian Nurses Association makes the official announcement of the award of the Mary Agnes Snively Memorial medals to Miss E. MacPherson Dickson, Miss Jean I. Gunn and Miss Mabel F. Hersey. In the July issue of the *Journal* we are to have the privilege of publishing a descriptive article concerning the award written by Miss Jean E. Browne, who is herself one of Miss Snively's most distinguished pupils. Meanwhile, hearty congratulations are extended to the three beloved and respected Canadian nurses upon whom this high distinction has been conferred. No better choice could have been made.

All Aboard!

Before many days are over this will be our slogan. By train, by boat, in buses and in their own cars the clans will be setting out for the Biennial Meeting in Vancouver. The official delegates from the nine provinces are even now getting ready to speak their minds in no uncertain terms on the various issues which are to be debated. The officers of the three Sections are looking over their programmes and are wondering whether they can crowd in just one more "problem." The young and frivolous are pondering ways and means whereby they can dodge some of the more stodgy sessions and go climbing on Grouse Mountain or bathing in English Bay. Even the elderly for whom "Biennials" are an old story are looking forward to meeting their contemporaries and to indulging in reminiscences of the good old days and the grand old fights.

The *Journal* has done its level best in every issue since January to make it clear that there is going to be a Biennial Meeting and that it is going to be a good one. But in case you haven't been taking the wrappers off your *Journal's* lately, just

gather them up from behind the davenport and look carefully at the April number.

Fashion Note

This advice is intended only for the middle-aged; young readers, please skip. You will enjoy the Biennial much more if you take a pair of comfortable shoes which are well broken-in. Far be it from us to impugn the climate of the Pacific coast — but there are occasional cold and rainy days. That little knitted suit might come in handy. Is there a brave soul who will refuse to wear her hat indoors all day long and thus establish an excellent precedent? We believe in air-cooled craniums and debates; there is a relation between the two. Take your prettiest clothes. The nurses in Vancouver are extremely smart at any time and when they give a party — well, you wait and see!

Reader's Guide

In our leading article a clear and informative study of arterio-sclerosis is given by Dr. Samuel Mirsky, a member of the medical staff of the Ottawa Civic Hospital. △ Reports of Provincial Meetings indicate marked activity in British Columbia, Ontario and Saskatchewan. △ Miss Madalene Baker not only says that "It can be done" but tells us the way to do it. She is a graduate of the School of Nursing of St. Joseph's Hospital, London. △ Miss F. H. M. Emory gives some good advice to those who wish to prepare themselves for staff work in hospitals. △ The right way to enlist and intelligently direct volunteer helpers is indicated by Miss A. I. Hulbert. △ Miss Christina Murray, who is herself an "International," congratulates Miss Caroline Elizabeth Sage on the happy adventure upon which she is soon to embark as the winner of the scholarship awarded by the Canadian Nurses Association for study in England under the auspices of the Nightingale Memorial Foundation.

Department of Private Duty Nursing

IT CAN BE DONE !

MADALENE BAKER, Vice-Chairman, Private Duty Section, Registered Nurses Association of Ontario.

Private duty nurses are keenly sensitive to the criticism levelled at their particular group by the general public. We are accused of not adequately meeting the nursing needs of the public, and unhesitatingly acknowledge the truth of this accusation. In endeavouring to find the cause, we ask this question: "Is the private duty nurse to blame?" The answer is yes—and no. Consider the well trained nurse, graduated from her school of nursing. She carries the required credentials to establish her in the private duty field in that she has been afforded instruction and practical experience in each of the various hospital departments. She has mastered the technique of nursing care; but remember, her skill is developed only in one environment—that of her own hospital.

This supposedly finished product encounters her first problem when the telephone rings and she is sent on a case in the home. Everyone of us has reason to know that we have a heart, for we have swallowed it dozens of times on our way to that first case. Our efficiency was impaired because we were a victim of stage fright, due to our lack of experience and knowledge in the art of home nursing. During our training, things were made rather easy for us—equipment was at hand to carry out standardized nursing procedures, thus eliminating the necessity for initiative and for the creative instinct so necessary in home nursing. Then again, there was the general routine which we all know is absolutely essential in institutions; nevertheless, we think it has a tendency to develop a mechanical rather than an understanding and imaginative mind. Above all else, we had in training days, and when assigned to special cases

in hospitals, the direction of experienced ward supervisors, and the protection of the hospital. Is it any wonder, then, that our efficiency was impaired and that we registered confusion when we were thrust into an unexplored field on our own responsibility? This statement is just as applicable to the newly graduated nurse who can competently take care of all hospital duty, but who, like the older graduate, hesitates to accept cases for nursing care in private homes because she has not had an opportunity to adjust herself to the atmosphere of home nursing.

What can be done to find a remedy, in order that we private duty nurses may find pleasure in giving a service we so often fear and dread? Very rarely are our mistakes or deficiencies wilful—more often they are the result of our inability to visualize the circumstances and immediate necessities of the individual case, or to lack of flexibility and initiative to deal with them even if we do recognize them. If the nurse, instead of being permitted automatically to drift into public service, could only be subjected to a test period spent in field work under supervision, where she would have the opportunity of contacting families belonging to other economic groups than the one to which she herself belongs, and of actually rendering adequate service without expensive hospital equipment—if such a system were adopted it is impossible to estimate its value to the community and to our professional group.

The question arises as to the time when this field work could best be undertaken. Should it be during the latter part of the student's training, or should it immediately follow the completion of her course, but be required before she is granted

Provincial Registration? If the former plan were chosen, what effect would it have on the annual output of graduate nurses into the apparently over-crowded private duty field? We understand that several schools of nursing in our province wish to include fieldwork for their students, but that only a few are privileged to do so. But even in these few, the students who get this fieldwork constitute such a small percentage of the total output that we have felt justified in bringing this matter to the attention of this meeting. It is not logical to say that supervised fieldwork is impossible or not feasible. That opportunity is knocking at our door was proven beyond a doubt when the recent survey into the extent and adequacy of nursing service to the non-hospitalized sick disclosed the fact that approximately thirty-five per cent of these patients were needing, but not receiving adequate nursing service. I do not mean to suggest that the responsibility of taking care of this need rests with members of our profession alone — I believe it to be a national problem — but until such time as the public becomes health conscious, where could we find a better opportunity to render a great public service, and at the same time serve our own purpose than by instituting a system of fieldwork under supervision?

With whom should the initial responsibility rest of setting the wheels in motion? If the Department of Health recognizes the need and requests fieldwork for student nurses, and if the objective of the school of nursing is to train the student adequately to meet the nursing needs of the public, it would appear to be their responsibility. If it is not their responsibility, then it should be assumed by the private duty nursing group.

Classification

A course of supervised fieldwork, however, would only be one step (although a long one) towards meeting the situation.

Supervision should absolutely not cease here. We have at present any amount of service to sell, and why are we not selling it? The economic situation has something to do with the slow demand for our services, but there is considerable to be marked up on the other side of the ledger. Our service is not as attractive to the public as it might be, and the present disorganized state of private duty nursing is largely responsible for our shortcomings.

The public demands a carpenter to hang a door; a blacksmith to shoe a horse, and if there were any way under the sun of knowing what they were getting they certainly would not place their money in a slot and choose something out of the nursing grab bag, hoping against hope to draw an expert eye, ear, nose and throat nurse (which they want), instead of an obstetrical expert (which they don't). Unlike golf, a handicap is not recognized in the nursing profession. The public has a right to expect every registered nurse to measure par in efficiency and adaptability in all cases; yet many private duty nurses have, without realizing it, become super-efficient in certain types of illness and, as a result, have sacrificed their contact with and lessened their ability to nurse other patients. Therefore, in order to offer an adequate nursing service to the public with the material at hand, we need classification. This can only be brought about through supervision, which for our group, as a whole, is long overdue.

Supervision

Supervision should be welcomed with open arms because it will provide a distinct incentive to growth in service. Private duty nurses constitute the only group in any profession where meritorious work does not bring about promotion. From a monetary standpoint, five years of experience means no more than one day; our brightest constellation registers exactly the same on the pay envelope as our dimmest star. We die or get married at exactly the same status at which we

began. If it is true that in all learning we attain progress through correcting our mistakes, why not adopt a system where the credits will be marked in ink, and not merely committed to the memory of one or two discerning individuals?

We have heard a lot about licensing all who care for the sick for hire and in this way we hope to exercise some control over the practical nursing group. Private duty nurses, how can we expect to accomplish this until we clean our own house, by controlling our own group?

Economic Security

And now just a short reflection on the unemployment situation. It is quite apparent that under the present system private duty nurses can never be assured of economic safety. Nevertheless, we can help ourselves in a measure by adopting a plan which will ensure more even distribution of work. Eight-hour duty for private nurses on special cases in hospitals is proving beneficial in spreading the work and, as well, is providing an improved quality of nursing service to the public, chiefly because the nurse, who is essentially a teacher of health, is able to maintain better health herself. She need not be as she sometimes has been in the past—a living example of the futility of her knowledge. Private duty nurses on twelve-hour duty work seventy-seven hours a week exclusive of times for meals. Is it unprofessional to ask for some share in life besides that of labour? You may say: "But what of the time the nurse is unemployed?" We of the private duty group know only too well that we are not free to seek recreation or improvement during the time we are not employed, except to a very limited extent, for we are tied to the telephone waiting for that next call which we cannot afford to miss, and the mental labour of this waiting and uncertainty is sometimes more exhausting than the physical effort we expend on our cases when we are employed.

In communities where eight-hour duty

has been inaugurated, we observe that, as the plan unfolds, objections are being withdrawn. However, some objection still comes from the nurse who is well established in her work; perhaps if she took time to reflect she would discover that the fact that she is well established is the result of experience gained when private duty nurses were in great demand. A number of nurses who are almost constantly engaged ignore the fact that many of their sister nurses cannot even exist on their earnings, through no fault of their own. We have no reason to brand these women as professional failures; unfortunately, it is true, we are not a hundred per cent efficient, but I challenge you, have these young nurses who are left sitting at home, had an opportunity of proving their worth to the medical profession? And why should we stand by while hundreds are being added annually to their numbers with practically no chance of obtaining employment.

Organize!

We have a duty to perform to the public as well as to ourselves. Nothing is to be gained by looking on from the sidelines while a minority of our profession attempt to further our cause. We should be willing to discard what is outgrown, and I would urge upon all private duty nurses the futility of unorganized effort. We must have solidarity, unity of purpose and harmonious co-operation with other groups of our profession. Private duty nurses, when you go home, select your best salesmen and put them to work — *organize your group* — it can be done! This is your problem — my problem — the problem of every private duty nurse in the profession. Let us demonstrate that we are in this fight to a woman, and remember — Kipling was right when he wrote —

*"It ain't the guns or armaments, or
the army as a whole,
But the everlastin' team work of
every bloomin' soul."*

Department of Nursing Education

PREPARING FOR STAFF WORK

Nurses are showing increasing interest in fitting themselves for positions as staff nurses in hospitals and several Canadian



AT THE BEDSIDE

universities are offering excellent courses designed to give the preparation desired. At the annual meeting of the Registered Nurses Association of Ontario, Miss F. H. M. Emory, assistant to the director of the School of Nursing of the University of Toronto, gave some wise counsel which should be pondered by nurses who intend to take such courses and by hospital administrators who encourage them to do so. Miss Emory's remarks have a general application and she has kindly allowed the *Journal* to pass them on its readers:

May I present some matters relating to the special preparation offered by the University of Toronto to graduate nurses wishing to prepare for hospital posts. There are two reasons for approaching you, when assembled in annual meeting. We offer certain information which belongs to the nursing group as a whole and we indicate work which needs to be shared by our School and the general group of nurses throughout the province. What is this information which should be shared?

1. There is a demand for the product of this course of study. There are many posts for those with special training for supervisory and

teaching work; the demand comes from hospitals and schools both large and small and from many points throughout the country.

2. This demand should be met by a highly selected group. Some of the qualifications asked for are: intelligence, good education, good professional training and experience, and certain special qualities such as forcefulness, wisdom and tact.

3. This demand cannot be met without the active assistance of the nurse administrators of the hospitals and training schools. They must work with us if a sufficient number of nurses is to be prepared for those teaching and supervisory posts. They will have to select, to give special experience and often to advise regarding financial resources. Nurses of the calibre sought will have to be helped and their preparation planned if the empty posts are to be filled satisfactorily. There is one nurse administrator in this province—(there may be many others!)—who does not write to the University at the end of the academic year expecting to enlist the right type of person to fill a position while she herself has done nothing to help to provide that person. On the contrary, she is ever on the alert for nurses who, if specially prepared, would fill the need of certain departments in her hospital. She then sets about selecting and planning so as to make it possible for them to be educated to fill the need.

4. This demand should be met only by those possessing physical health. In all too



IN THE LIBRARY



IN THE LABORATORY

many instances the nurses who enter the hospital staff nurses' preparation course are in poor condition physically—particularly have we noted that this year. In some instances serious physical disability has appeared—in other cases instructors are feeling the inability of the student to do, with full satisfaction, the type

of work that is required. This is not for want of intelligence on the part of the student but seemingly because she lacks vigour enough to cope with the situation. In a number of cases, throughout the past years, nurses have come to this work without sufficient rest during the previous summer.

To summarize, we plead for your help in assisting us to meet the need for the well prepared hospital staff worker through a recognition of:

The need for a highly selected group to fill these hospital posts.

The need for advice in selection and in planning, and often for provision for financial assistance on the part of the hospital administrator.

The need for co-operative effort in the filling of these posts satisfactorily; it is a co-operative enterprise which cannot be effected through the hospital administrator alone or by the University School alone.

The need for physical fitness if the student is to be given a fair chance for success: the year of study must not be conditioned by lack of physical vigour and in some instances by actual illness.

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Department of Public Health Nursing

THE VOLUNTEER

A. I. HULBERT, Reg. N., Student in the School of Nursing, University of Toronto

My contribution to a symposium on lay participation is to bring to your notice the work and value of the volunteer. I shall discuss this subject under six headings: (1) recruiting and source of supply; (2) selection and placement; (3) training; (4) contribution; (5) various services; (6) inter-relationships. Let me quote from Cannon's book on "Social work in hospitals" by way of introduction: "Before professional social service was thought of as an integral part of hospital care, volunteers from the laity and clergy had long visited the sick patients and, by devoted personal service, met their material and spiritual needs. The service of the volunteers, therefore, is not an innovation, neither should we regard it as supplanted, but rather as made more effective through the advent of the professional social worker."

Recruiting and Placing

The ideal way of procuring new volunteers would be through a central placement bureau under the council of social agencies. It is not advisable to advertise widely as this tends to retard helpfulness by necessitating too much weeding out. It is better to have a few well chosen contacts with interested friends of the staff, unemployed professional friends, married professional friends, and to bring in others by applying to the Junior League and the service clubs. Parent-teacher associations and charge groups give valuable volunteer service and so do students of medicine or divinity or economics, and social workers.

It is advisable to have a chairman of the volunteers, or a member of the staff, have a private interview with the applicant in order to find out about the volunteer's training and experience and her

particular interest or speciality. This interview must be handled in a professional manner and should emphasize the responsibility and importance of the job to be undertaken by the volunteer. Too great a number should not be employed because that tends to prevent careful supervision of the work. The staff worker must select the job best suited to the volunteer and if she is not happy or cannot adjust herself, another must be found. There should be a card file for all volunteers, noting the positions they are able to fill or have filled, and their records of accomplishment.

Training

A staff worker usually gives the volunteer an introductory talk, bringing out the general background and aim of the agency, its history, and its organization. The preparation and functions of the professional staff, how the organization is financed, and the services offered should also be outlined. The volunteer is thus shown how her work fits in and will understand the benefit to the whole of her piece of work. The staff worker will find it useful to have a reference book for the use of volunteers. This should be easily accessible and should give such information as the names of officials, maps, certain essentials for good service as promptness and regularity, times of clinics, and so on.

The staff worker should show the volunteer through the organization and give her demonstrations in the particular piece of work she is going to undertake. Observation visits may be made in homes and a summary of the cases given. An organized lecture course may be planned which the volunteers are invited to attend, or another approach may be made

by inviting volunteers to certain staff meetings or occasional board meetings when general subjects are being discussed. Weekly conferences between the volunteers and the staff prove to be very useful in promoting and understanding the close inter-relationship which is necessary between the two groups. Some ambitious groups of volunteers have learned much from having meetings between themselves with one advisory member of the staff to give suggestions. The volunteer must be afforded the same supervision, time and thought that one would give to the professional staff and given responsibility so that she will realize that she has a vital part to play in the programme. Her tasks should be planned and ready before she is admitted to service and one should never begrudge the time required to train her. The organization wanted her assistance in the first place and should not expect a volunteer to be interested in dull jobs unless she is shown the value of them.

The necessity for teaching the volunteer is really an asset because it gives the staff worker an excellent opportunity to enlarge her own experience, to clarify the purpose and activities of the organization to herself, and to develop confidence in teaching others. The volunteer often brings new ideas and new methods and advances definite theories as to the way problems might be met. She may later prove to be a valuable member of the board of directors.

Types of Service

It is quite apparent that the volunteer can be used for all manner of services. We see the volunteers as clinical aides where they are invaluable for the many services they can render. They may serve as hostesses, greeting the patients as they come in, seeing that their records are taken out of the files, assigning a number to go in to the doctor and making the patient feel at home. They may weigh and

measure babies and pre-school children and assist in taking a doctor's dictation.

In clerical service they may be of great assistance in relieving at switch boards, helping with typing and filing records, summarizing reports, making charts and posters in connection with any reports and with publicity. And, speaking of publicity, much can be done by the volunteers, directly and indirectly, by assisting in making window exhibits, writing newspaper articles either from case studies or reports of the organization. They may put on plays, address church groups and clubs and speak in radio broadcasts.

Volunteers do praiseworthy service in making friendly home visits especially to chronic patients who need cheering up and encouraging by reading and by teaching hand-work. Other types of home visits are sometimes made to help the nurse in following up the patients, checking addresses, delivering messages, or even collecting breast milk. An extensive motor service is often supplied by volunteers who take patients to and from clinics or to distant hospitals or on friendly drives.

The volunteer's contact with citizens of the community both through the organization and as individuals offers an exceptional opportunity for both official and non-official agencies to interpret their programme to taxpayers and to get their backing.

The close inter-relationship between the volunteer, the professional group and the community can be described by comparing it to a wheel. The professional group is the hub, or nucleus, or base; the volunteers are the spokes, closely linked with and radiating from the hub; the community is the rim, and the volunteers as spokes bring into direct contact the rim, which is the community, and the hub which is the professional group. It takes all three to make the wheel revolve.



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ENREGISTREMENT FEDERAL DES GARDES-MALADES

E. MacPHERSON DICKSON, Président, Comité de l'Enregistrement Fédéral,
Association des Gardes-Malades du Canada.

Lors de la convention générale de l'Association des Gardes-Malades du Canada, tenue en 1932, il a été résolu: "de former un comité chargé de formuler un plan pour l'établissement et le maintien d'un standard plus uniforme dans les examens d'enregistrement des gardes-malades de tout le Canada, prenant en considération les recommandations ultérieures à ce sujet contenues dans le rapport Weir." Plus tard, à la Convention générale tenue à Toronto en 1934, les membres du Comité National Conjoint d'Etudes se sont réunis en conférence spéciale et ont discuté, entre autres questions, la résolution ci-haut mentionnée, au sujet de l'Enregistrement fédéral des gardes-malades. Les membres présents à la Conférence étaient: Mlle Jean Gunn, présidente; Mlle Kathleen Russell; Mlle Helen Randal (Colombie Britannique), Mlle G. M. Fairley (Colombie Britannique), Mlle F. Munroe (Alberta), Mlle Ruby Simpson (Saskatchewan), Mlle Dickson (Ontario), Mlle Cryderman (Ontario), Mlle Edna Moore (Ontario), Mlle MacIntosh (Ontario), M. l'abbé Verrault (Ontario), Rév. Soeur Allaire (Québec), Rév. Soeur Valérie de la Sagesse (Québec), Mlle Guimont (Québec), Mlle Nash (Québec), Mlle Batson (Québec), Mlle Lépine (Québec), Mlle Barrett (Québec), Mlle Holt (Québec), Rév. Soeur Camillus (Nouveau-Brunswick), Mlle Dawson (Nouveau-Brunswick), Mlle Murdoch (Nouveau-Brunswick), Mlle Mair (Ile du Prince Edouard), Mlle MacMaster (Nouveau-Brunswick), Mlle E. M. Seaman (Nouvelle-Ecosse), Mlle Graham (Nouvelle-Ecosse), Mlle Jean Browne (secrétaire).

Comme résultat des discussions de cette conférence, il fut convenu:

1. Que le principe le l'Enregistrement fédéral des gardes-malades soit approuvé.

2. Que si l'Enregistrement fédéral est passé en loi, il soit sous le contrôle de l'Association des Gardes-Malades du Canada.

3. Que, éventuellement, les examens provinciaux soient éliminés si l'Enregistrement fédéral est établi.

4. Que le noyau d'un Comité sur l'Enregistrement fédéral soit formé par l'Association des Gardes-malades du Canada dans certaines localités et qu'une représentante de chaque province, désignée par chaque Association provinciale, soit adjointe au Comité.

5. Que le Comité proposé de l'Enregistrement fédéral poursuive une étude sur les standards de l'enseignement du Nursing qui existent actuellement dans les différentes provinces et suggèrent un standard désirable en vue de l'Enregistrement fédéral.

Les cinq points précités furent soumis à la Convention générale de l'Association des Gardes-Malades du Canada en 1934 et furent approuvés. L'assemblée autorisa la formation du noyau d'un comité dont les membres nationaux furent: Mlle E. MacPherson Dickson, Toronto (présidente); Mlle Florence H. Emory, Toronto; Mlle E. Muriel McKee, Brantford. Les associations provinciales nommèrent leurs représentantes comme suit: Mlle Julia Rand (Colombie Britannique), Mlle R. Thompson (Alberta), Mlle Edith Amas (Saskatchewan), Mlle E. M. Smith (Manitoba), Mlle Mary Millman (Ontario), Mlle E. Frances Upton (Québec), Mlle M. E. Retallick (Nouveau Brunswick), Mlle Victoria Winslow (Nouvelle-Ecosse), Mlle I. Gilan (Ile du Prince Edouard).

Le travail du comité a été poursuivi par les membres résidants d'Ontario réunis en conférence et par correspondance avec les représentantes provinciales. Des rapports sur les progrès accomplis ont été adressés au Comité exécutif de l'Association des Gardes-Malades du Canada et aux représentantes provinciales.

Conditions d'Admission

Le premier point de l'étude poursuivie par le comité fut en rapport avec la somme d'instruction requise pour l'ad-

(Communication présentée lors de l'Assemblée Annuelle de l'Association des Gardes-Malades Enregistrées de la Province de Québec, le 29 janvier, 1936.)

mission des candidates aux écoles approuvées de gardes-malades. Le minimum d'instruction requise dans chaque province est comme suit:

Colombie Britannique, cours complet de "high school" (Junior Matriculation); *Alberta*, grade XI (après 1935); *Saskatchewan*, grade XI; *Manitoba*, grade X; *Ontario*, deux années de "high school", actuellement. (Cours complet sous considération); *Québec*, trois années de "high school"; *Nouveau-Brunswick*, grade XI; *Nouvelle-Ecosse*, grade XI; *Ile du Prince Edouard*, grade VIII.

Comme on peut le constater il existe un grand manque d'uniformité dans la terminologie qui sert à désigner les standards d'éducation des différentes provinces et, si l'on étudie chaque cours séparément, l'on se rend compte que le contenu en varie selon la désignation. D'après ces constatations et si l'on considère les conditions d'admission aux différents cours ou aux différentes écoles, pour une université donnée, on se rend compte qu'il n'y a pas d'erreur à vouloir établir une désignation plus uniforme afin de poser aussi un standard plus uniforme concernant l'éducation des futures candidates à la profession de gardes-malades.

L'annuaire de l'Université de Toronto (1934-5, p. 15) établit de la façon suivante l'équivalence des examens:

Les certificats attestant que les candidates ont passé avec succès les matières du cours complet de "high school" (Pass and Honour Matriculation) seront acceptés *pro tanto* pourvu que le standard de ces certificats quant aux matières et aux pourcentages répondent aux exigences de cette Université. *Ontario*: les examens de l'école moyenne (middle school) ou de l'école supérieure (upper school); ou les examens d'écoles, équivalentes désignées sous d'autres noms. *Québec*: le certificat d'examen à la sortie du "high school" ou du cours équivalent seulement; *Nouveau-Brunswick*: les examens du cours primaire (grammar school) sauf le latin ou licence de première classe. *Nouvelle-Ecosse*: grade XI et grade XII. *Manitoba*: les examens du grade XI (matriculation) et grade XII. *Colombie Britannique*: "high school" et deux années de cours universitaire (junior et senior matriculation). *Ile du Prince Edouard*: examens pour le diplôme d'institutrice: première classe. *Alberta*: les examens

du grade XI (junior matriculation) et du grade XII. *Saskatchewan*: les examens de première classe et deuxième classe pour diplôme d'institutrice. Examens de "high school" et cours universitaire (junior et senior matriculation).

Tout en reconnaissant l'avantage d'une plus grande uniformité dans l'éducation primaire des futures candidates à la profession du nursing, le comité recommande, pour le présent, que le standard minimum d'instruction requise pour l'admission des élèves aux écoles de gardes-malades soit fixé au cours complet du "high school" ou à l'équivalence.

Législation Existante

Le second point de l'étude entreprise a porté sur la législation provinciale qui existe actuellement au sujet de l'enregistrement des gardes-malades.

Administration autonome: Sauf le cas de la province d'Ontario où la Loi d'Enregistrement des gardes-malades est une mesure du Gouvernement, toutes les associations provinciales sont incorporées par Bill privé, ostensiblement pour l'administration autonome des affaires qui relèvent de la formation des gardes-malades, des examens et de l'enregistrement mais toutefois, les pouvoirs de l'Association sont limités soit par le personnel du conseil d'administration ou du comité des examinateurs.

Finances: Le Gouvernement d'Ontario perçoit tous les droits d'examen et d'enregistrement des gardes-malades et défraie toutes les dépenses qui s'y rattachent y compris les frais d'inspection des écoles; dans les huit autres provinces, l'association provinciale des gardes-malades enregistrées pourvoit à la perception de ces montants et se tient responsable des dépenses encourues par l'inspection, les examens et l'enregistrement.

Enregistrement par réciprocité: Chaque province pourvoit à l'enregistrement par réciprocité "des gardes-malades enregistrées dans toute autre province dont les exigences sont similaires", mais vu le manque d'uniformité dans ces "exigences", l'enregistrement par réciprocité devient pratiquement impossible.

Considérant la différence qui existe entre les exigences contenus dans les statuts des lois d'enregistrement de chaque province, il sera nécessaire que chaque association fasse une étude approfondie du plan proposé concernant l'en-

registrement fédéral afin de déterminer s'il y a lieu de remplacer les examens provinciaux par des examens fédéraux.

Incorporation

Le troisième point de l'étude a compris l'incorporation. Les renseignements ont été pris auprès du Secrétaire d'Etat à Ottawa pour savoir si l'incorporation devait être faite par Lettres Patentes ou par Bill Privé. La réponse suivante reçue, datée du 8 juillet 1935, s'explique d'elle-même:

J'ai l'honneur d'accuser réception de votre lettre du 29 ultimo, concernant le désir de l'Association des Gardes-Malades du Canada de former un Conseil pour l'enregistrement des gardes-malades de façon à permettre à ces dernières de pouvoir exercer leur profession dans d'autres provinces que la leur sans avoir à se soumettre à de nouveaux examens.

Il appert que si ce plan doit être exécuté, une Loi spéciale devra être passée au Parlement. Une situation analogue existe pour le Conseil Médical du Canada qui a été incorporé par Loi du Parlement, ayant autorité de faire passer des examens aux médecins, les qualifiant ainsi pour exercer leur profession dans les différentes provinces.

(Signé) W. O'MEARA,

Assistant-Sous-Secrétaire d'Etat.

Le Conseil Médical

Rendu à ce point, il sembla donc opportun d'étudier l'organisation du Conseil Médical du Canada et le Comité est bien reconnaissant au docteur T. C. Routley, secrétaire de l'Association Médicale du Canada, qui non seulement a bien voulu lui donner les renseignements désirés sur l'organisation du Conseil mais qui, en plus, lui a assuré sa coopération constante, advenant le cas où l'Association déciderait d'établir un Conseil Fédéral pour l'enregistrement des gardes-malades. Tel qu'indiqué dans la communication de l'Assistant Sous-Secrétaire d'Etat, l'Association Médicale du Canada, par une Loi du Parlement, a formé un Conseil Médical fédéral connu sous le nom de "Collège Royal des Médecins et Chirugiens du Canada". L'organisation de ce Conseil comprend: deux membres nommés par chaque association médicale

provinciale; un membre nommé par chaque faculté de médecine; deux membres nommés par le Gouverneur-Général en Conseil. On doit noter que tous les membres sont des médecins.

Les fonctions du Conseil consistent à poser des standards et à organiser les examens qui se tiennent deux fois par année dans tout le Canada. Ceci nécessite une assemblée annuelle du Conseil aux frais du Collège. Il est présumé que les membres du Conseil reçoivent une indemnité pour leur assistance aux assemblée mais pour des raisons qu'il est facile de comprendre, le Comité n'a pas insisté sur ce point.

Coût Probable

Il y a, cependant, des dépenses occasionnelles qui peuvent être estimées et qu'il faut considérer dans l'étude du plan proposé pour l'Enregistrement fédéral des gardes-malades et qui par conséquent doivent être indiquées. Elles comprennent les frais de voyages et les consultations légales et services. Afin de présenter quelque chose de concret aux bureaux des chemins de fer, des cotations furent demandées sur les frais de transport d'un point donné, à Toronto et retour. Cela n'implique pas toutefois que Toronto doive nécessairement être le lieu des réunions et il faut aussi tenir compte des changements saisonniers du tarif. Cette cotation compte pour le jour de son émission.

	Billet	Lit
Vancouver-Toronto	\$132.40	\$45.10
Edmonton-Toronto	112.80	37.40
Régina-Toronto	85.90	28.60
Winnipeg-Toronto	69.15	22.60
Montréal-Toronto	20.70	6.80
Frédéricton-Toronto	53.20	16.40
Halifax-Toronto	55.30	19.90
Charlottetown-Toronto ..	54.25	16.40
	\$583.70	\$193.20
Grand total		\$776.90

Les tarifs suivants assurent le transport d'un représentant *seulement* pour chaque province. Les dépenses incidentes, comme les repas et taxis devront être ajoutées.

Il serait nécessaire de retenir les services d'un avocat de première classe, familier avec la négociation des bills privés. En plus de la tâche de dresser une charte, l'avocat serait chargé de se mettre en relations avec le comité des bills privés ce qui nécessiterait sa présence à Ottawa pour tout le temps nécessaire. D'après les rapports, les avocats comme celui dont cette organisation aurait besoin, reçoivent des honoraires de \$200.00 à \$300.00 par jour, leurs dépenses en plus, mais le Comité estime qu'une somme de \$1,000.00 suffirait pour couvrir cet item de l'incorporation.

Un ou des membres de l'Association des Gardes-Malades du Canada seraient nommés spécialement pour donner leur coopération entière à l'avocat afin de lui donner les renseignements appropriés concernant les désirs de la profession et de surveiller les détails de l'organisation. Ceci, encore, entraînerait des dépenses pendant le séjour à Ottawa et les honoraires dépendraient de la personne ou des personnes déléguées.

Organisation

Un membre de l'Association, familier avec la routine des examens, la rédaction et la distribution des papiers d'examens, etc., serait nommé secrétaire-registraire du Conseil. Il lui faudrait les services d'une sténographe. Aucun estimé n'a encore été fait par le Comité pour ces dépenses puisqu'ici encore le lieu choisi pour les quartiers généraux et la personne désignée peuvent modifier le coût. Le Comité a cru qu'un budget devrait être rédigé par le premier Conseil lorsque l'Association aura décrit les détails qui devront plus au moins gouverner les activités et les déboursés du Conseil.

Le Comité de l'Enregistrement fédéral propose maintenant le plan suivant pour l'enregistrement des gardes-malades du Canada:

1. L'établissement d'un Collège de gardes-malades par l'Association des Gardes-Malades du Canada.

2. Que les affaires du Collège soient administrées par un Comité composé de vingt-neuf membres constitués comme suit: (a) Deux membres nommés par chaque Association provinciale. (b) Un membre nommé par chaque Association provinciale, qui sera la directrice provinciale de l'enseignement du nursing, ou autrement désigné comme visiteuses des écoles de gardes-malades, registraire, etc. (c) Deux membres, gardes-malades, nommés par le Gouverneur-Général en Conseil. Il est recommandé qu'un de ces membres soit protestant et l'autre catholique romain.

Il est aussi recommandé que les membres du premier Conseil soient nommés pour une période de temps qui puisse assurer la continuité de l'effort et en même temps ne pas créer l'idée de nominations à vie.

Membres

Le Collège sera composé de "Membres" et de "Dignitaires" (Fellows) avec la désignation suivante: "M.C.C.N." pour Membres du Collège Canadien du Nursing et "F.C.C.N." pour Fellows du Collège Canadien du Nursing. Pour fins d'organisation, toutes les gardes-malades enregistrées dans leur province respective cinq ans avant l'établissement du Collège, seront jugées éligibles au titre de membres sur paiement de la cotisation requise. Les membres, approuvés par le Conseil, jugés d'après les standards qui porteront sur les accomplissements professionnels de ces membres, seront éligibles au titre de "Dignitaires" (Fellows); ils devront payer une cotisation additionnelle. Une fois la période d'organisation terminée, les membres seront acceptés après examens et paiement de la cotisation requise. La nomination des "Dignitaires" (Fellows) sera basée sur la présentation d'une thèse par le membre aspirant, accompagnée d'un mémoire sur son travail professionnel couvrant une période d'au moins dix ans.

Eligibilité

Les gardes-malades qui détiennent le diplôme d'une école reconnue par le Conseil pour l'Enregistrement fédéral seront éligibles aux examens. Cette règle sera gouvernée par le programme d'études ou curriculum à être émis par l'Association

des Gardes-Malades du Canada et qui est actuellement en cours d'organisation. Ce Comité désire que, en plus de la rédaction d'un programme d'études, le Comité du curriculum pose des standards concernant les qualifications pour l'admission des candidates, les facilités d'enseignement, le matériel clinique dont on peut disposer, la surveillance, la construction, l'apparence de l'école, salles de classe, de démonstration, etc. Dans les cas ordinaires le Conseil acceptera les rapports des visiteuses d'écoles quand cette inspection sera faite annuellement mais se réserve le droit de faire une inspection indépendante quand il le jugera à propos. L'âge des candidates sera d'au moins vingt-et-un ans. La cotisation de membre sera de \$25.00 et celle de dignitaire (fellow) de \$50.00 laquelle comprend la cotisation de membre.

Préliminaires

Advenant l'approbation de ce plan par l'Association, le Comité soumet les recommandations suivantes:

1. Qu'un emprunt de \$5,000.00 (cinq mille dollars) soit fait par l'Association des Gardes-Malades du Canada pour l'organisation.

2. Qu'on retienne les services d'un avocat compétent pour dresser la Charte et négocier le Bill.

3. Qu'une garde-malade soit autorisée à coopérer au travail de l'avocat et s'assure ainsi que les idées de l'Association sont exprimées

dans la Charte et, pour ce faire, aille à Ottawa.

4. Qu'on pourvoie à la nomination de neuf membres (un pour chaque province), d'une présidente ou d'une secrétaire pour former le Conseil provisoire.

5. Que, lorsque le Collège aura été établi, le "Conseil Provisoire" procède à l'inscription de membres ou de dignitaires (fellows) tel que prévu dans le plan proposé.

6. Que lorsque les fonds formés par la perception des cotisations seront suffisants pour permettre la tenue d'examen, le Conseil, tel que prévu dans le plan, soit formé et commence à fonctionner.

L'on se rendra compte que le Comité n'a pas voulu faire plus que formuler un plan pour faciliter l'établissement de l'Enregistrement fédéral des gardes-malades avec l'espoir qu'il servira de guide aux personnes qui assumeront la responsabilité de rédiger la Charte. Un rapport provisoire sur l'Enregistrement fédéral a été distribué aux associations provinciales par autorité de la Présidente de l'Association des Gardes-Malades du Canada. Le Comité ne peut insister assez fortement sur l'importance d'une étude soignée et approfondie de ce rapport de la part des associations provinciales afin que les faiblesses et les éléments indésirables en soient éliminés avant que la rédaction finale en soit soumise à l'assemblée générale de l'Association des Gardes-Malades du Canada qui doit se tenir à Vancouver du 29 juin au 4 juillet 1936.

AN EXPLANATION

EDITOR'S NOTE: In response to a request made by L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame, Montreal, the President of the Canadian Nurses Association and its publications committee have authorized the publication of this translation of an article dealing with Dominion Registration of Nurses which appeared in the April issue.

A la demande de l'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame, Montréal, la Présidente et le Comité de Publication de l'Association des Gardes-Malades du Canada ont autorisé la publication d'une version en langue française d'un article sur l'Enregistrement fédéral des gardes-malades qui a été publié dans le numéro d'avril du *Journal*.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The Snively Medals

The Executive Committee of the Canadian Nurses Association shortly after the death of Miss Mary Agnes Snively, the Founder of the Canadian Nurses Association, appointed a Committee to consider a memorial to her, this Committee to be called the Mary Agnes Snively Memorial Committee. At the General Meeting in 1934, the recommendations submitted by this Committee were adopted. Those recommendations were:

1. That the memorial to Miss Snively shall take the form of three medals, presented at each biennial meeting of the Canadian Nurses Association, to nurses whose work exemplifies Miss Snively's ideals of nursing and service; and that there shall be an impressive ceremony in connection with the presentation which shall include a review of Miss Snively's life.

2. That two thousand dollars of the Association's assets be designated for the provision of this memorial to Miss Snively.

During the present biennial period, the Executive Committee approved the design for the medal selected by the Mary Agnes Snively Memorial Committee. At the request of the Executive Committee this special committee became responsible for nominations for the 1936 awards and each Provincial Association of Registered Nurses was invited to make one nomination. From the list submitted, the Executive Committee chose Miss Jean I. Gunn, Miss E. MacPherson Dickson, and Miss Mabel F. Hersey to be the recipients of the first Mary Agnes Snively Memorial medals awarded by the Canadian Nurses Association. The ceremony for the presentation of medals is to take place on Monday, June 29, at the first evening session of the eighteenth General Meeting of the Canadian Nurses Association, when the President, Miss Ruby M. Simpson, will give an address entitled "Mary Agnes Snively, the Founder of the Canadian Nurses Association," prior to pre-

senting the medals to those honoured by receiving the first awards in memory of its Founder.

General Meeting

The tentative outline of the programme for the eighteenth General Meeting of the Canadian Nurses Association was published in the April number of the *Journal*. Additional information concerning the General Meeting has been published in several issues of the *Journal* during the current year.

Nomination Ticket, 1936

The nomination ticket for the election of officers for 1936-38 at the General Meeting of the Canadian Nurses Association in Vancouver, June 29 to July 4, is announced:

For President: Miss Ruby M. Simpson, Director of Nursing, Department of Health, Parliament Buildings, Regina, Saskatchewan.

For First Vice-President: (1) Miss Grace M. Fairley, Director of Nurses, Vancouver General Hospital, Vancouver, British Columbia; (2) Miss Alena J. MacMaster, Superintendent of Nurses, Moncton Hospital, Moncton, New Brunswick.

For Second Vice-President: (1) Miss Margaret L. Moag, Superintendent, Victorian Order of Nurses, Montreal Division, Montreal, Quebec; (2) Miss Lenta G. Hall, Superintendent, Victorian Order of Nurses, Halifax Division, Halifax, Nova Scotia.

For Honorary Secretary: Miss Elsie J. Wilson, Director of Nursing, Central Tuberculosis Clinic, Winnipeg, Manitoba.

For Honorary Treasurer: (1) Miss Margaret Murdoch, Superintendent of Nurses, Saint John General Hospital, Saint John, New Brunswick; (2) Miss Nettie D. Fidler, Director of Nursing, Psychiatric Hospital, Toronto, Ontario.

The blank nomination ticket is sent to each Provincial Association before November 1st preceding a general meeting. Each Association is asked to name one nominee for each office; the consent of nominees must first be obtained. The completed forms are returned to the Executive Secretary before January 31. The nomination ticket is then prepared and shows the two highest nominees for each office. Election of officers at general biennial meetings of the Canadian Nurses Association is by ballot vote.

Health Questionnaires

In a letter received on May 1 from the Headquarters of the International Council of Nurses, it was announced that 96 per cent of the health questionnaires circulated early this year to schools of nursing in Canada have been completed and received at Headquarters. This response from Canada was referred to as "a truly splendid result." The superintendents of schools of nursing who responded so satisfactorily are thanked for their co-operation in thus assisting the work of the International Council of Nurses.

Accommodation for Religious Sisters

It is requested that all members of religious Sisterhoods who require accommodation during the Biennial Meeting of the Canadian Nurses Association will please communicate directly with Miss Pearl Mooney, St. Paul's Hospital, Vancouver, B.C.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

It is gratifying to be able to announce that the funds required to meet the present annual objective of the Canadian Nurses Association toward the support of the Florence Nightingale International Foundation have been received. Donations during the past month, as shown in the following list of contributors, indicate still further the generous response of the nurses to the appeal by the provincial conveners.

Alberta

Overseas Nursing Sisters Club, Calgary	\$ 5.00
Graduate Nurses Association, Drumheller	4.00
Ponoka Nurses Association	5.70

British Columbia

Staff, Jubilee Hospital, Vernon	5.00
Staff, Tranquille Sanatorium, Tranquille	13.50
Science Girls Club, University of British Columbia	20.00

Graduate Nurses Association, New Westminster	26.00
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Manitoba

Nursing Staff, Dauphin General Hospital	5.00
Ethelbert General Hospital	1.00
Miss Robertson, Lady Minto Hospital, Minnedosa	1.00
Neepawa General Hospital	3.00
Nursing Staff, Ninette Sanatorium ..	5.00
Sisters, General Hospital, Swan River A.A., St. Joseph's Hospital, Winnipeg	5.00
Nursing Staff, Children's Hospital, Winnipeg	6.00
Bureau of Child Hygiene, Winnipeg	3.00
Miss E. Carruthers, Winnipeg75
A.A., Misericordia Hospital, Winnipeg	10.00
Municipal Hospitals, Winnipeg	20.50
Nursing Sisters, Deer Lodge Hospital, Winnipeg	3.00
Victorian Order of Nurses, Winnipeg Branch	3.50

Manitoba Association of Registered Nurses	100.00	Nurses Registry, Norfolk Hospital, Simcoe	5.00
Nova Scotia		Quebec	
Registered Nurses Association of Nova Scotia, Pictou County Branch	4.00	A.A., Royal Victoria Hospital, Montreal	50.00
Graduates and Students, All Saints' Hospital, Kentville	7.00	Registered Nurses Club, Shawinigan Falls	2.15
Nursing Staff, Nova Scotia Sanatorium	8.90	School of Nursing, Notre Dame Hospital, Montreal	10.00
Ontario		A.A., Jeffrey Hale's Hospital, Quebec	25.15
Nursing Staff, Fort William Sanatorium	5.00	Student Government Association, Royal Victoria Hospital, Montreal	50.00
A.A., McKellar Hospital, Fort William	10.00	A.A., Homeopathic Hospital, Montreal	10.00
Student Nurses, Ottawa Civic Hospital	25.00	A.A., Montreal General Hospital ..	50.00
A.A., Riverdale Hospital, Toronto ..	10.00	A.A., Ste. Justine Hospital, Montreal ..	10.00
A.A., Sarnia General Hospital	5.00	Jeanne Mance Association, Hôtel Dieu, Montreal	5.00
Graduate and Student Nurses, Ontario Hospital, New Toronto	8.00	Graduate Nurses Association, Pré-vost Sanatorium	5.00
A.A., Public General Hospital, Chatham	10.00	Sister Philemon, Hôpital St. Joseph du Précieux Sang, Rivière du Loup ..	1.00
A.A., St. John's Hospital, Toronto ..	5.00	Saskatchewan	
A.A., St. Michael's Hospital, Toronto	10.00	Moose Jaw Registered Nurses Association	5.00
Ontario Hospital Training School, Orillia	10.00	Saskatchewan Registered Nurses Association (for Scholarship Fund) ..	200.00
Graduate Staff and Students, Hospital for Sick Children, Toronto ..	32.00	Saskatchewan Registered Nurses Association (for Endowment Fund) ..	100.00

EXHIBITORS AT THE BIENNIAL MEETING

A list of business firms which have made early reservations of space for commercial exhibits at the General Meeting in Vancouver, B.C., is published below. Canadian nurses are encouraged to renew their acquaintance with the representatives present at this exhibition. Great scientific progress has been made in all lines of production during recent years.

The Macmillan Company of Canada Limited, Toronto, Ont. Booth No. 3.

Of course we had to come to Vancouver. The manager of the Medical Department lived here when cougars were hunted where the University now stands! So if you want to gossip about the city come and get him started — but don't talk Nursing Texts to him or he may convince you that Macmillan Books are Better Books.

Ayerst, McKenna & Harrison, Limited, Montreal, P.Q. Booth No. 4.

Will exhibit their well known hormone and vitamin products, giving an outline as to the biological technique by which these products are standardized. The sex hormone, "Emmenin," discovered by Dr. J. B. Collip, McGill University, in 1930; Calcium A; Alphamettes; and Cod Liver Oil will be included in the exhibit.

Johnson & Johnson, Limited, Montreal, P.Q. Booth No. 5.

We look forward with much pleasure to again being represented at a Canadian Nurses Association Meeting. As on former occasions, our display will be comprised of ready-made dressings of all kinds, besides gauze, cotton, adhesive plaster and a full range of surgical

requirements. With the exception of catgut, our entire exhibit will consist of Made-in-Canada products.

Vi-Tone Company, Hamilton, Ont. Booth No. 9.

All are welcome at the Vi-Tone booth where Vi-Tone is always served hot or cold. This year in addition to the famous Vi-Tone Mousse, Mrs. Herco, who is in charge, will greet you with another of our specialties — Vi-Tone Plum Pudding. She will also tell you of the advantage of using Egg-O Baking Powder in your baking.

J. B. Lippincott Company, Montreal, P.Q. Booth No. 10.

Will not only have an exhibit of all our many up-to-date nursing books, but also our complete line of medical, surgical, and pharmaceutical publications, allowing the nursing profession to examine the complete books, which is a rare opportunity you should not miss. *A store carried 3,000 miles to your door!*

A. Wander Limited, Peterborough, Ont. Booth No. 11.

Wander Brand Malt Extract with Cod Liver

Oil, Cristolax, Alcohol, Nutromalt and Ovaltine will be displayed. Be sure to register with the medical director, who will be pleased to give full particulars regarding the Hospital Extension Plan for Ovaltine. Your co-operation is appreciated. The interesting booklet, "The scientific control of body weight" will be sent to all who register.

Libby, McNeill & Libby of Canada Limited, Chatham, Ont. Booth No. 13.

An outstanding recent development in the science of infant feeding — Libby's Homogenized Foods. This process mechanically ruptures the food cells of vegetables, fruits and cereals, refines the cellulose tissue, releases the contained nutriment, and makes these foods more easily digested and completely assimilated. Photomicrographs of strained and homogenized foods illustrate the advantages of the newer process. Libby, McNeill & Libby's Research Laboratories invite your inspection.

Note.—This list of exhibitors is incomplete and consists only of those who had signified their intention of taking space before this issue of the *Journal* goes to press.—*Editor.*

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

NELSON: A meeting of the Nelson Registered Nurses Association was held recently and an exceptionally fine address given by Dr. W. Laishley upon the subject "Eye operations." A motion picture, showing the exact procedure in four different operations was shown.

VICTORIA: The annual meeting of the Jubilee Hospital Alumnae Association was held recently with Miss Rossiter in the chair. The following members were elected as officers for the coming year: President, Miss E. Rossiter; first vice-president, Miss D. Hibberson; second vice-president, Mrs. J. H. Russell; secretary, Miss M. Dickson, 3770 Craigmillar; assistant secretary, Miss I. Donald; treasurer, Mrs. A. Dowell; social convener, Miss E. Bland; convener of sick committee, Miss E. Newman. Miss M. Dickson, secretary, presented the sixteenth annual report. The most outstanding social and financial success was the annual silver tea and bazaar. Donations included \$25.00 to the Children's Solarium X-ray Fund; linen to the Jubilee Hospital; \$10.00 to the Nightingale Memorial Fund. A new venture was a "flannel dance" held at the Royal Victoria Yacht Club which proved to be so popular that it was decided to make this an annual event. In April the annual re-union dinner was held when Miss Mitchell, superintendent of nurses of the Jubilee Hospital and a life member, together with the graduating class of 1935, were guests of honour. Miss Jean Moore, our former president, has become Mrs. G. Bothwell, but still remains a very active member of the Association.

VICTORIA: Miss Winnifred Cooke, instructor of the Royal Jubilee Hospital, Victoria, for a number of years, will terminate her work in British Columbia in July and will return to Montreal. Miss Cooke is a graduate of the School of Nursing of the Montreal General Hospital and has been active in association work during her stay in this province, and will be much missed. Miss Harriette B. Adamson has left for New Zealand to take a post-graduate course in Mothercraft. She has been awarded a scholarship by the Canadian Mothercraft Society.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held a recent meeting at the home of Miss Marjorie Trotter, the members of the executive being in charge.

DAUPHIN: A meeting of the graduate nurses

of Dauphin and vicinity was recently held in the Dauphin General Hospital for the purpose of organizing a Graduate Nurses Association. Miss J. G. Stothart was chairman, and Miss D. E. Street was secretary pro tem. The following officers were elected: President, Mrs. W. J. Harrington; vice-president, Mrs. E. A. Marcroft; secretary, Miss D. E. Street; treasurer, Mrs. C. J. Jones; chairman of programme and social committee, Mrs. W. D. King; additional members of executive, Miss C. Kettles (representing hospital section); Miss Meredith Drinkwater (representing private duty section). The matter of Dominion registration was brought up, and an interesting discussion took place. This will be brought again to the attention of the members after Miss MacPherson Dickson's visit to Winnipeg, when we hope to have more information at our disposal. The first regular meeting was held on April 9 and the constitution and by-laws were passed. We plan to hold monthly meetings on the second Thursday of the month and soon to conduct a drive for more subscribers to *The Canadian Nurse*, as well as give some assistance to the Nightingale Foundation. A committee has been appointed to look into the matter of conducting a local registry for the private duty nurses. This is the only nurses' association outside of the cities, and we hope it will be of value to those nurses who are working in the country and in the smaller hospitals.

ST. BONIFACE: A luncheon was given by the St. Boniface Nurses Alumnae Association, during the latter part of March, in honour of Miss Etta Shirley, a graduate of the School of Nursing of St. Boniface Hospital, who will be married shortly, in Toronto.

WINNIPEG: Miss E. MacPherson-Dickson, of Toronto, chairman of the Dominion Registration Committee of the Canadian Nurses Association, was the chief speaker at a recent meeting of the Manitoba Association of Registered Nurses. She stated that the object of Dominion registration was that a uniform standard of registered nurses' examination may be maintained throughout the Dominion, and outlined clearly the plan for registration of nurses in Canada, such as the establishment and administration of a Canadian College of Nursing and the enrolment of members and fellows. Dr. F. W. Jackson, deputy minister of health and public welfare, in an address on "Present-day trends in legislation," mentioned

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EXAMINATIONS FOR REGISTRATION OF NURSES IN MANITOBA

The University of Manitoba will conduct its semi-annual examination for Nurses Registration, on behalf of the Manitoba Association of Registered Nurses, on June 9th, 10th, and 11th, 1936, at the University Broadway Buildings in Winnipeg.

Applications will be accepted only from graduates of recognized hospital training schools who have completed their period of training.

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the changes in legislation over a period of time as it pertained to the medical profession. He also spoke on standards for entrance into schools of nursing and adequate training for nurses, and offered some suggestions as to changes in the present Act relating to the Manitoba Association of Registered Nurses.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the Alumnae Association of the School of Nursing of the Saint John General Hospital was held recently, with Mrs. Leonard Dunlop in the chair. The election of officers took place as follows: Honorary President, Mrs. E. J. Mitchell; president, Mrs. F. M. McKelvey; first vice-president, Mrs. H. Steel; second vice-president, Miss M. Fillmore; treasurer, Miss K. Holt; assistant treasurer, Mrs. J. H. Vaughan; secretary, Miss C. Gleeson; additional members of the executive committee are: Miss M. Murdoch, Miss J. Henderson, Miss J. E. Beyea, Mrs. G. L. Dunlop.

MARRIED: On April 22, 1936, Miss Olive Eliza Brundage (St.J.G.H.) to Mr. Ronald Moore Seeley.

MARRIED: On April 11, 1936, Miss Constance Isabel Kinsman (St.J.G.H., 1932) to Mr. Stephen Ronald Saxby.

ST. STEPHEN: The local Chapter of the N.B.A.R.N. has held two meetings recently with Miss Mabel McMullen presiding. In April, Dr. H. S. Everett gave an interesting talk and demonstration on basal metabolism; members of the graduating class were guests. In May the article on "Dominion Registration of nurses," which appeared in *The Canadian Nurse*, was discussed under the leadership of Misses Nellie Lyons and F. M. Cunningham. Committees were appointed to attend to the activities of the summer. Miss Irene Sherrard has completed her postgraduate work at the Montreal General Hospital, and has entered upon her duties as operating-room supervisor at the Chipman Memorial Hospital.

ONTARIO

DISTRICT 1

LONDON: Forty-four members of the 1936 graduating class of Victoria Hospital, who were guests of honour of the Alumnae Association of the Hospital, were entertained recently at a most enjoyable dinner-dance at the London Hunt and Country Club. Miss Margaret McLaughlin, president, received and also presided during the after-dinner programme. Mrs. Hedley Smith, O.B.E., proposed the toast to the King and to Miss Mary L. Jacobs fell the honour of proposing the toast to the graduating class to which Miss Lyle Vidt re-

plied. Miss Johns, editor and business manager of *The Canadian Nurse*, was introduced by Miss Mildred Walker and gave an informal address. Miss Hilda Stuart, superintendent of nurses, moved a vote of thanks.

DISTRICT 2 AND 3

BRANTFORD: At the convention of the Ontario Hospital Association, the record librarians of Ontario formed an organization to be known as the Ontario Medical Record Librarians. Its executive committee, together with the councillors recently met at the Brantford General Hospital. Those present included: Miss Isobel H. Marshall, Brantford General Hospital, president; Sister M. Petronella, St. Joseph's Hospital, London, second vice-president; Miss E. L. Johnstone, General Hospital, Hamilton, corresponding secretary-treasurer and registrar. The councillors include Sister Louise of St. Joseph's Hospital, Hamilton; Mrs. Jean Anderson, Metropolitan Hospital, Walkerville; Sister M. Dolorosa, St. Joseph's Hospital, Guelph. Reports from the different committees were most encouraging and preliminary arrangements were made for the programme at the annual meeting which will be held in Toronto this fall.

The Brantford General Hospital opened its doors to the public on May 12, National Hospital Day. In our community we endeavour to show the relation of the hospital to all other health activities in the community including the Victorian Order of Nurses and the social service and Public Health Departments. These organizations were all given space in which to exhibit interesting details of their work. Following the inspection of the hospital, tea was served by the Women's Hospital Aid. The annual Hospital staff dinner was held recently at the Hospital followed by a theatre party. The staff of the Brantford General Hospital recently presented Miss S. A. Livett, supervisor of the Private Patients' Department, with a handsome travelling bag. Miss Livett recently resigned and will be succeeded by Miss Alice Goodwin (B.G.H., 1936). Miss Rhoda Campbell (B.G.H., 1930), who graduated from the United Church Training School in Toronto on May 5, leaves shortly for British Columbia, where she will engage in medical mission work.

KITCHENER: At a recent meeting of the Alumnae Association of the Kitchener-Waterloo Hospital a twenty-hour duty in hospitals was abolished and twelve-hour duty established. On April 14 the new obstetrical and pediatric wing was opened. The Lieutenant-Governor of Ontario and the Minister of Health for Ontario were in attendance. Fol-



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lowing the opening ceremony a reception was held. The new wing provides for 39 adults, 13 children, and 21 babies. X-ray and laboratory departments are situated in the basement together with a minor operating room. The children's department is located on the first floor. The second and third floors contain the maternity ward, the delivery room and nursery. The Alumnae Association has furnished a private room in the new unit.

DISTRICT 4

ST. CATHARINES: At a recent alumnae meeting of the Mack Training School Dr. Thompson gave a most interesting talk on dental health.

DISTRICT 5

TORONTO: Community Health Association. Miss Alma Haupt, Director of Nursing Service of the Metropolitan Life Insurance Company, spent several days in Toronto, en route to Ottawa to speak at the annual meeting of the Victorian Order of Nurses for Canada. At a meeting of the Community Health Association held at St. Michael's Hospital, on April 21, Miss Haupt spoke on "The romance of nursing." She told of interesting points connected with her work in Austria with the Commonwealth Fund. One hundred and sixty members and guests of the Association were present and remained for refreshments when Miss Haupt received with Sister Jean and Miss Laura Gamble, president of the Association.

TORONTO: Staff Council, Victorian Order of Nurses. The annual meeting of the staff council of the Toronto branch of the Victorian Order of Nurses was held at the School of Nursing on April 20. Miss Grace Cameron (Winnipeg General Hospital) was in the chair and Miss Gretta Ross of the Crippled Children Foundation was the guest speaker. She told a fascinating story of her travels and observations in Europe incidental to a year of

study at Bedford College, London. Miss Louise Curtis (T.G.H.) was elected president of the Council for 1936-37.

TORONTO: MARRIED: Recently, Miss Irene McGurk (St. Michael's Hospital, 1923) to Mr. Walter Dunbar.

MARRIED: In February, 1936, Miss Madeleine Chapman (St. Michael's Hospital, 1935) to Dr. George Cragg.

DISTRICT 6

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held recently and Dr. F. C. Neal presented a film entitled "On thoracoplasty." This was one of the best attended meetings the Chapter has had for some time. Five dollars was donated towards the Moose River Rescue Fund.

DISTRICT 7

KINGSTON: A meeting of the Alumnae Association of the Kingston General Hospital was held recently when definite plans for the Golden Jubilee celebrations were completed after a splendid report from the Executive Committee. From the enthusiasm shown in the many letters received it is expected the reunion will be a success. A sum of money was voted towards the expenses of the delegate to the C.N.A. Biennial in Vancouver.

MARRIED: On April 9, 1936, Miss Goldie MacLean Hazlett (K.G.H., 1928) to Mr. Walter S. Brown.

MARRIED: On April 9, 1936, Miss Helen Willena Merriman (K.G.H., 1933) to Mr. Charles A. Welter.

MARRIED: On February 16, 1936, Miss Goldie Parish (K.G.H., 1934) to Mr. Gordon H. Wylie.

MARRIED: On April 25, 1936, Miss Betty Wurtele (K.G.H., 1930) to Mr. J. Earl McCurdy.

DISTRICT 9

GRAVENHURST: The annual meeting of the Gravenhurst Chapter was held recently and in



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the absence of the chairman, Miss Adelaide McKnight presided. Dr. Milton Wellwood gave a most interesting talk on overseas hospital life during the Great War, from a patient's point of view. He paid tribute to the Nursing Sisters who, he said, were Sisters in the truest sense of the word. Miss Sylvia Bird was appointed delegate to attend the R.N. A.O. convention. The following officers were elected for the incoming year: Chairman, Miss Sylvia Howard; vice-chairman, Miss Esther Cunningham of Bracebridge; secretary-treasurer, Miss Dorothy Coade, Sanatorium P.O.

NORTH BAY: The annual meeting of the North Bay Chapter was held recently at St. Joseph's General Hospital. The secretary-treasurer's report showed that the Chapter had a very active and successful year. The officers for 1936-1937 are: Chairman, Miss Alice Quinlan; vice-chairman, Miss Helen Jordan; secretary-treasurer, Miss Ethel Shannon, 100 Fourth Avenue West. Rev. Sister Marie Stella was appointed the delegate to attend the R.N. A.O. convention at Peterborough. Miss Queenie Brady was re-elected convener of the private duty section, and was authorized by that group to undertake the establishment of a Central Registry in North Bay.

SAULT STE. MARIE: The annual meeting of the Chapter was held recently with Miss Gordon presiding. By unanimous vote the present officers were re-elected. Miss Rossie Densmore ably presented the annual report.

SUDBURY: The members of the R.N.A.O. residing in Sudbury met recently to organize a Chapter. Officers were elected as follows: Chairman, Miss Jane Thomas; vice-chairman, Rev. Sister St. Phillip; secretary-treasurer, Miss Florence Kruger, 293 Elm Street East.

The private duty nurses are showing an active interest in the Chapter and six applications for membership have already been received. A special meeting was recently held when Rev. Sister St. Phillip presented an interesting report of the R.N.A.O. convention.

TIMMINS: The annual meeting of the Timmins Chapter was held recently at St. Mary's Hospital. The reports of the various conveners showed an active interest. The membership committee reported four applications

for membership. The Canadian Nurse convener reported the promise of several subscriptions. The meeting was attended by the members of the 1936 graduating class. The officers for 1936-1937 are: Chairman, Miss Florence Farr; vice-chairman, Miss G. Woodall; the office for secretary-treasurer has not been filled and this election will take place at the next meeting.

QUEBEC

JEFFERY HALE'S HOSPITAL: Through the kindness of the Young People of the United Church, a concert was given to help the Nurses' Benefit Fund. A telephone bridge was also given. Many donations have been made. Miss Walsh (J.H.H., 1915), Miss Perry (J.H.H., 1924), and Miss Read (J.H.H., 1934) are all convalescent. Sympathy is extended to Miss Fryers (J.H.H., 1932) in the death of her father.

MONTREAL GENERAL HOSPITAL: Miss Holt and the Nursing Staff of the Montreal General Hospital entertained at dinner in honour of three of its members who are resigning to be married. These include Miss K. C. Yule (M.G.H., 1931), Miss E. H. Watson (M.G.H., 1932) and Miss M. I. Ross (M.G.H., 1934). A presentation of silver was made to each of the guests of honour.

MONTREAL GENERAL HOSPITAL: Miss E. Denman (M.G.H., 1932) formerly of the night staff, is now in charge of Ward H which has been re-opened.

MARRIED: Miss Margaret Jean Smith (M.G.H., 1936) to Mr. William Lewis Day.

ROYAL VICTORIA HOSPITAL: The graduating exercises of the School of Nursing of the Royal Victoria Hospital took place May 12, with Dr. W. W. Chipman presiding. The report of the Training School was read by Miss M. F. Hersey, and Dr. J. C. Meakins gave the address to the graduating class. The pins and diplomas were presented by Mrs. Meakins. The Alumnae Association recently entertained at dinner in honour of the class. Miss Grace R. Martin presided.

Mrs. Thomas Grieve, president of the R.V.H. Alumnae Association, has recently

(Additional News Notes, page 284)

... OFF ... DUTY ...

Our dearest possession . . . (or nearly) . . . is a competent little Frigidaire . . . which adorns a corner . . . in our bedroom . . . No, we can't take time now to explain . . . the unusual location . . . of this domestic treasure . . . we just want to say . . . "isn't Science wonderful?" . . . before proceeding to protest against some of its other manifestations . . . Our Frigidaire is tractable . . . and performs its duties quietly . . . without benefit of "announcers" . . . but when we invoke . . . the power of the air . . . by twisting the knobs . . . of our obsolete radio . . . we are usually urged to buy . . . something which we do not particularly want . . . However, even though we do not possess . . . a magic eye . . . magic brain . . . or metal tubes . . . the magic key occasionally opens the right door . . . usually by accident . . . Just last Sunday . . . after the announcer . . . had waxed lyrical . . . about a moving picture . . . "The shape of things to come" . . . scenario by H. G. Wells . . . a philosopher whom we have never beheld in the flesh . . . but who over the years . . . has stirred up our mental processes . . . to a considerable extent . . . we suddenly heard . . . Mr. Wells' squeaky voice . . . spluttering over the Atlantic Ocean . . . and we held our breath to listen . . . However, in a moment . . . a suave announcer . . . abruptly turned the key . . . and thrust Mr. Wells away . . . from our very threshold . . . before we even had time . . . to stammer a word of gratitude . . . Therein lies the arrogance . . . of the power of the air . . . it admits of no direct reply . . . and of no immediate interruption . . . You can, of course . . . write to the station . . . to which you are listening . . . but that would not get you anywhere . . . Imagine anyone writing to Station CKAC in Montreal . . . to complain about the heretical statements . . . made by Mr. Laurence Gilman . . . "distinguished music critic . . . of the New York Herald-Tribune" . . . All one can do . . . is to boil inwardly . . . while Mr. Gilman . . . safe from all contradiction . . . calmly asserts that "Beauty is not absolute . . . but depends upon the reactions produced . . . in the minds of men" We just don't believe it, Mr. Gilman . . . The new moon and the evening star . . . would still be beautiful . . . even if the eye of man . . . had never beheld them . . . The mad ride of the Valkyries . . . (Toscanini conducting) . . . would trouble the spheres . . . if no one on earth were listening . . . Someday, someone will invent . . . a two-way radio . . . which will permit . . . the expression of strong emotion . . . on the part of the listener . . . Then we shall shout our Everlasting No at Mr. Gilman . . . and sing the praises of Mr. Wells who first led us to the flaming ramparts of the world . . . and bade us look out into Time and Space . . . We hasten to add . . . that by this time . . . Science will also have provided . . . a convenient switch . . . which will automatically protect both these gentlemen . . . from our praise . . . and from our blame . . . by the simple process . . . of tuning us out . . . in favour of a lovely lady singing . . . "It's been saow long . . . saow long"! . . .

E. J.

2

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sailed for England, where she will in future reside.

MARRIED: On April 18, 1936, Miss Gertrude Leah Johnston (R.V.H., 1925) to Mr. Colin B. Sewell.

SASKATCHEWAN

SASKATOON: Dr. L. H. McConnell recently gave a lecture on brain surgery to the Registered Nurses Association. The Saskatoon City Hospital Alumnae Association of the School of Nursing recently held a "Rainbow Tea" for which Miss Gladys Calder and Miss Anne Ferguson were co-conveners, and Mrs. R. M.

Pinder, Mrs. G. B. Sommervill, Mrs. L. Shaw and Mrs. J. A. Valens presided. A substantial sum was raised for furnishing a room, for nurses, in the hospital. Miss E. O. Siverson (S.C.H., 1935) has accepted a position at the Community Hospital, Birch Hills, Sask.

REGINA: **MARRIED:** On April 23, 1936, Miss Flavia Linton became the wife of Mr. Alphee Arsenault. Miss Linton was, for six years, the local registrar for the Regina branch of the Saskatchewan Registered Nurses Association. The Association extends best wishes for her future happiness.

OVERSEAS NURSING SISTERS ASSOCIATION

The regular biennial meeting of the Overseas Nursing Sisters Association of Canada will be held on Wednesday, July 1, at Whytecliffe, West Vancouver, B.C. Further particulars concerning the time and place of meeting may be obtained at the registration desk of the Canadian Nurses Association in the Hotel Vancouver which, as already announced in the *Journal*, will be the headquarters of the biennial meeting of that Association. Miss Margaret Motherwell, A.R.R.C., is acting as special registrar for the O.N.S.A. on Monday, June 29, the opening day of the national meeting, and it is requested that all Overseas Nurses will kindly register with her.

REGINA: Miss L. Lynch was hostess to members of the Overseas Nurses Association at their annual meeting. The outgoing officers gave their reports and officers for 1936 were appointed as follows: Mrs. A. E. L. Shand, honorary president; Mrs. A. T. Child, president; Mrs. S. R. Parker, vice-president; Mrs. D. C. Fyfe, secretary-treasurer; Miss L. Lynch, press and publication; Mrs. A. James and Miss C. R. Stewart, executive committee.

TORONTO: The Toronto unit of the Overseas Nurses Association met at tea at the home of Mrs. G. Silverthorn. Mrs. Driver, president of the Association, received with the vice-president, Mrs. John Duncan, and Miss Hartley, matron of Christie Street Hospital. Miss Laura Gamble, Miss Ruby Hamilton, Mrs. Ross Jamieson, social convener, and other members of the executive assisted.

WINNIPEG: The annual spring tea of the local unit of the Overseas Nursing Sisters Association took place recently and the guests were received by the president, Miss E. Parker, assisted by Miss McGillivray. Miss Eve Letellier of the Deer Lodge Hospital Nursing Staff has returned from the south and has resumed her duties. Mrs. S. Crim (née Gladys Matheson) renewed acquaintance in Winnipeg prior to sailing with her husband for Honolulu, where they will reside in future. Miss Winifred Dawson of the supervising staff of the Victorian Order of Nurses has spent some time in Winnipeg. Her many friends regret that she is leaving to resume her duties in Ottawa.

OBITUARY

DUNN—The death occurred on April 17, 1936, at St. Catharines General Hospital, as the result of an accident, of Miss Minnie Draper, a member of the class of 1903 of the Mack Training School of St. Catharines General Hospital.

EMERY—On April 11, 1936, at St. Mary's Hospital, New Westminster, Winifred Frances B. Emery. Miss Emery was a graduate

of the School of Nursing of the Vancouver General Hospital.

HARRISON—On April 2, 1936, at the Vancouver General Hospital, Mrs. Elliot Harrison, wife of Dr. W. Elliot Harrison, and a graduate of the School of Nursing of the Vancouver General Hospital. Mrs. Harrison, before her marriage, was Miss Dorothy Banks.

Official Directory

International Council of Nurses

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary..... Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 9817-107th St., Edmonton.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss L. G. Hall, Victorian Order of Nurses, Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss Margaret Buchanan, North Sydney; (4) Mrs. E. M. Haliburton, 203 Jubilee Road, Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

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COUNCILLORS: **Alberta:** Miss J. Clow, 9817-107 St., Edmonton. **British Columbia:** Miss E. Paulson,

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Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wells, 2840 Robinson St., Regina.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, 1514-11th Ave. W., Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83rd Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 9817-107th St., Edmonton; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Will oaks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1*: Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3*: Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4*: Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5*: Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6*: Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7*: Chairman, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffeld, Box 612, Smiths Falls; *District 8*: Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9*: Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10*: Chairman, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses F. Connolly, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Wcrth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss May Hamilton, 80 Crown St., Port Arthur; Vice-President, Miss Gladys Young; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors*: Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Vic-

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V.

B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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MODERN TRENDS IN DIABETES

E. M. WATSON, M.D., University of Western Ontario Medical School, London, Ont.

The diabetic of today is certainly a fortunate individual compared with his luckless prototype of little more than a decade ago. To develop diabetes in the years before the discovery of insulin was equivalent to receiving a death sentence with an added penalty of a longer or shorter period of misery and suffering. All diabetic children died then, the majority within one year following the onset of the disease. More than 60 per cent of the deaths were due to diabetic coma for which there was no effectual form of treatment. The remainder succumbed to tuberculosis, pneumonia, septicaemia or gangrene.

A dismal picture indeed, but how different from the conditions of the present age! Today, diabetic children live and enjoy the same opportunities as their non-diabetic playmates for growth, development and preparation for a useful life. The diabetics who die now are old diabetics and they die *with* their diabetes not of their diabetes. Diabetic coma is no longer a weapon of the Grim Reaper because diabetic coma is preventable and if it should occur, efficient means are at hand for its cure. Arterio-sclerosis and its resulting lesions, notably gangrene, has replaced coma as a cause of death among diabetics. Deaths from tuberculosis and other infections have been

greatly reduced and diabetics withstand surgical operations well.

Clinical records and experience prove that we are dealing today with a new type of diabetic. For example, a review of the records of the Victoria Hospital, London, Ontario, shows that during the twelve years, 1911 to 1922 inclusive, 34 per cent of the patients who were admitted with diabetes died in the institution. All of the patients with diabetic coma died and 61 per cent of the diabetic deaths were attributable to this complication. Two out of three of the gangrene cases died; gangrene accounted for 11 per cent of the total deaths among diabetics.

The use of insulin began early in 1923. Of the total diabetic admissions for the twelve years 1923 to 1934 inclusive, the mortality was only seven per cent, or about one-fifth of what it was during the corresponding period before the discovery of insulin. Less than one-half of the number of patients (48 per cent) who had diabetic coma died and the deaths due to coma were only 31 per cent of the total deaths or about one-half of what they were formerly. Coincident with the marked improvement in the mortality figures as regards diabetic coma, the percentage of deaths due to gangrene rose to fourteen.

These statistics include cases of diabetes who were treated in the early Banting era when the therapeutic application of insulin was more or less in its experi-

(A contribution to a symposium on diabetes mellitus presented at a refresher course arranged under the auspices of District 1, Registered Nurses Association of Ontario, at London, Ont., on March 26, 1936. Other contributions to this symposium will appear in succeeding issues.)

mental stage and when the high fat, low carbohydrate type of diet was in vogue. So, in order to impart some idea of the situation as it presents itself today, I shall add our figures for the past year.

The diabetic admissions for 1935 number 157. Only three of the patients had diabetic coma but eight had gangrene. There were twelve deaths during the year, giving a mortality rate about equal to that of the preceding twelve years, but there was not a fatality from diabetic coma. The patients who died were elderly individuals. Three of the eight patients with gangrene died. Thus gangrene accounted for 25 per cent of the deaths.

To what influences may we attribute the remarkable changes in the character of the diabetes of the present time as contrasted with that of several years ago? The chief credit must be given, assuredly, to insulin. But apart from the benefits derived from this life-preserving remedy, several achievements have been accomplished within recent years which have contributed to the modern successful treatment of diabetes, and the indications point to the addition of still more improvements in the future. Research has shed a flood of light upon the problems pertaining to the errors of carbohydrate metabolism.

A New Conception

Diabetes is regarded as being due essentially to an absolute, relative or qualitative deficiency of insulin. The fundamental cause of the insulin deficiency, however, is not readily explainable. Most cases of diabetes are the result apparently of the combined effects of two influences: (1) A predisposing cause and (2) an activating or exciting cause. This conception of the disease has added much to our understanding of the aetiology of the condition and incidentally it has supplied a lead with respect to its prevention.

The exciting cause of diabetes is often obvious and it includes such factors as infections, dietary excesses, obesity, trau-

ma, emotional shock, arterio-sclerosis and thyrotoxicosis. In view of the fact that thousands of people suffer these abnormalities without developing diabetes makes it necessary to consider the probability of some underlying factor in those who do develop the malady. In this regard, the most important predisposing cause of diabetes seems to be an inherited tendency towards the disease and heredity as a basis for the development of diabetes is an established fact.

Because the lives of diabetics are now prolonged, family histories can be completed and the mode of transmission of the disease from generation to generation can be demonstrated. The evidence in favour of the view that the potentiality for developing diabetes is inherited rests upon the following observations:

The greater incidence of diabetes in the blood relations of diabetics than in those who are not related. The occurrence of a positive family history of diabetes among the relatives of diabetics is strikingly noticeable in the clinical records.

The almost simultaneous occurrence of diabetes in both members of sets of identical twins.

It has been shown that the inheritance of the disease occurs in accordance with the laws of heredity.

The conception of the hereditary nature of diabetes presents, therefore, a challenge to those concerned with the practical problems of preventive medicine and eugenics.

Inter-Relationships

A new and interesting chapter may be written into the story of diabetes when knowledge of the inter-relationships of the various ductless glands is better understood. It appears that the "master gland" of the body, the pituitary, exerts a governing influence over the pancreas as well as over other organs, and it is capable of yielding a hormone with blood-sugar-raising properties, the so-called diabetogenic hormone. The mucous membrane of the duodenum produces something which stimulates the secretion

of insulin by the islet cells of the pancreas and possibly promotes carbohydrate metabolism in other ways. Also, the rôle of the liver in metabolism and the importance of certain fat-like substances with relation to the storage of carbohydrate are engaging the attention of scientists. The bearing of such matters upon clinical diabetes is not apparent at present but there is no limit to what the future may disclose. They certainly provide opportunities for speculation and investigation.

An important clinical problem has developed, however, directly as a result of the prolongation of the lives of diabetics by efficient anti-diabetic management. They live to suffer the consequences of arterio-sclerosis, because unfortunately, there is as yet no known means for checking the progress of this pathological condition. Gangrene, heart failure and cerebral lesions are directly attributable to arterio-sclerosis. While much can be done to prevent the development of gangrene in diabetics, it is nevertheless the complication of major importance at the present time.

Treatment

Doctor Joslin has referred to diet, insulin and exercise as the three steeds which pull the diabetic's chariot. The principles of treatment could not be described more succinctly. There is not a chronic disease in the realm of medicine which is as satisfactory to treat as diabetes; nor are the benefits of team work better exemplified. The members of the team whose combined efforts contribute to the success of the treatment are the physician, the surgeon, the nurse, the dietitian, the biochemist, the physiotherapist and the social service worker.

Diet is and always will be, probably, the mainstay of anti-diabetic treatment but opinions regarding the dietary treatment of diabetes have undergone some radical changes in the past few years. Coincident with the advantages afforded

by insulin, the present-day diabetic enjoys more liberal and more natural diets than were thought possible heretofore. The starvation treatment is out of date and rightly so. At the same time, over-nourishment is to be avoided. The aim of every diabetic should be to keep his weight ten per cent below his normal weight.

While the diabetic now eats twice to four times as much carbohydrate food as he used to, he also eats much less fat. Apparently, high fat feeding, especially if accompanied by a small intake of carbohydrate, tends to cause a diminution of the carbohydrate tolerance and increases the demand for insulin. On the other hand, a diet composed of a moderate amount of carbohydrate with a limited amount of fat seems to bring about an improvement of the carbohydrate tolerance.

The modern system of dieting has done away to a large extent with the use of the so-called "diabetic foods," especially the substitutes for bread. Considerable misunderstanding still exists, however, concerning whole wheat, brown, gluten or other types of bread which are sold under the erroneous name of "diabetic" breads. Many of these contain little, if any, less carbohydrate than ordinary white bread and are distinctly less palatable. Others have a high content of protein and when it is recalled that over 50 per cent of the ingested protein is utilized as glucose by the body, it can be readily seen that if such breads are eaten with impunity, the dietary adjustment may be thrown entirely out of balance. If a bread substitute is necessary, it is advisable to employ only that which is prepared from a reliable product, the composition of which is known.

Insulin

Insulin has been life itself to countless diabetics. Insulin enables the individual to derive value from his food; it gives him energy; it puts him back to work and

makes him a useful productive member of society.

Objections are raised occasionally by patients when treatment with insulin is suggested, but these can be overcome usually by a little logical reasoning. One of the most prevalent mistaken ideas is that once a person starts using insulin, he must persist with its use indefinitely like some habit-forming drug. Such a thought is, of course, senseless but we can cheerfully meet that argument with the remark that twenty-five out of every hundred persons who receive insulin improve to the stage where they can get along without it and ninety-nine out of every hundred can have the dosage materially reduced. The truth of the matter has been told by Dr. Joslin in this way: "The use of insulin enables many a diabetic patient to do without it."

There are some dangers connected with the use of insulin just as there are dangers associated with the use of digitalis or certain other drugs. Insulin is harmful only when it is misused. Doctors, nurses and patients are becoming better acquainted with the use of insulin and reactions due to too great a reduction of the blood sugar, therefore, are avoided.

A practical disadvantage to insulin therapy relates to the fact that insulin must be injected under the skin. Administered in any other way, except directly into a vein, it is not effective. Perhaps some day a method will be discovered whereby insulin or some other preparation can be taken by mouth and thus substitute for the injections. Experiments along these lines are in progress in various places.

The effect of an injection of insulin is greatest at about one hour but it lasts for several hours. It is a fact that insulin injected into the subcutaneous tissues of a severely diabetic patient can not compensate fully for the lack of the insulin which is normally supplied by the pancreas unless, of course, the injections are

made at inconveniently frequent intervals. In order to obtain a pronounced and a prolonged effect upon the blood sugar, a large dose of insulin has to be given and the possibility of a hypoglycaemic reaction is therefore great. A smaller dose may control the blood sugar for a shorter period of time. The frequency and the size of the doses are gauged, therefore, by the degree of severity of the diabetic state as indicated by the height of the blood sugar. It is a well-known fact that it is extremely difficult to maintain the level of the blood sugar within normal limits in a severely diabetic person by three or even four injections of insulin a day. Rather wide fluctuations in the blood sugar inevitably occur.

Within the past year there was announced what promises to be a notable advancement toward the overcoming of such difficulties. There may be available in the near future a compound of insulin and a substance obtained from fish, named Protamine Insulin, which after its injection allows the insulin to be liberated slowly from the subcutaneous tissues, thus producing a more even effect over a longer period of time than does the type of insulin employed at present. On account of the slower and more prolonged action, wide fluctuations in the blood sugar are avoided and insulin reactions are prevented.

Exercise is now accorded a place in the treatment of diabetes. It tends to lower the blood sugar of the diabetic patient in whose body there is an adequate supply of insulin. Through muscular activity, food tolerance improves and higher diets with smaller doses of insulin are possible. Exercise may even precipitate insulin reactions. It is a good plan to keep the diabetic out of bed if no contra-indication exists. A system of graduated exercises in the gymnasium is being employed as a part of the anti-diabetic programme in some institutions.

Psychological factors must not be neglected when dealing with diabetics. Never forget that a diabetic is a human being and that, after all, the flesh is weak. The average diabetic is not an object of pity. Sympathetic understanding of the individual patient's problems is essential for success in treatment. Strive to gain the patient's confidence. Try to instil into him encouragement and self-reliance. He must be persuaded to take his place in the world along with the rest of the population. Emphasize the fact that it is no disgrace to be a diabetic. Some outstanding personages in business, letters and science have been diabetic.

It is interesting to contemplate regarding what may be the mode of control of diabetes in the future. Universal acceptance of the hereditary theory of the disease may lead in some measure to its prevention. Dr. Joslin states that "the importance of heredity as a fundamental factor is so great that in Germany it has received governmental attention."

Owing to the more frequent detection of the disease and the prolongation of the lives of persons with diabetes, the diabetic population is likely to increase. This will lead to important social and economic problems. Perhaps the ultimate solution of some of these will be along lines comparable with those employed at present for the control of tuberculosis. The time may not be far distant when sanatoria will be established in various localities for the treatment and education of diabetics. Diabetic clinics will operate in conjunction with these institutions and in collaboration with the general hospitals and the medical profession. Contact with the patients will be maintained by specially trained visiting nurses and dietitians who will have charge of the field work.

A plan such as this, of course, is merely a dream but considering the trend of the times with regard to matters of health regulation within our country, it is by no means an impossibility.



A NEW OFFICIAL ORGAN

With the May issue of "The Canadian Hospital" that journal becomes the official organ of the Canadian Hospital Council. Its new editor is Mr. Leonard Shaw, B.Sc., superintendent of the Saskatoon City Hospital. Among other interesting articles this number contains a synopsis of the excellent report of the committee on nursing, prepared by the Rev. Mother Audet, R.N., superintendent of the Hôtel Dieu Hospital, Campbellton, N.B. Certain passages of the report are printed in heavy type thus lending additional emphasis. In one paragraph the desirability is indicated

of adopting a system of hospital accounting which will include nursing costs. A second statement deals with a basic principle of such importance that we quote it in full: "*The small hospital seems to feel that it must maintain a school, but experiments are proving that it actually costs less to a small hospital to maintain a graduate staff than to maintain a student staff; that is, if the hospital tries at all to give the necessary education to the student.*"

The Canadian Nurse wishes "The Canadian Hospital" every success in its new venture.

THE MARY AGNES SNIVELY MEDAL

It is generally agreed that the most distinctive feature of the biennial meeting of the Canadian Nurses Association in Vancouver in June, 1936, was the conferring for the first time of the Mary Agnes Snively Medals on Miss Jean I. Gunn, Miss Edith MacPherson Dickson and Miss Mabel F. Hersey.

On the occasion of the twenty-fifth anniversary of the Association held in Toronto in 1934, it was decided to strike a medal in honour of the founder and to confer three medals every two years on nurses whose work conspicuously exemplifies Miss Snively's ideals. The choice of the first three recipients was, indeed, a happy one. All three have made great contributions to nursing service, nursing education and the organization of nurses' associations in Canada. Miss Gunn, as every one knows, is Miss Snively's successor as superintendent of Nurses at the Toronto General Hospital Training School for Nurses; Miss Dickson is a distinguished graduate of Miss Snively's and Miss Hersey has succeeded in the difficult task of carrying over the ideals and traditions of Miss Snively's period into the changing social conditions of today.

The President, in her oration at the presentation ceremony, reviewed some of the salient features of Miss Snively's career. Perhaps to this review may be added an interpretation of her personality, made by one who knew her first as a pupil nurse, and later as a close personal friend.

It was Miss Snively's intellectual and spiritual powers that marked her predominantly as an unusual woman. She always recalled to mind the words of the great Huxley in describing the educated man "whose intellect is a clear, cold, logic engine with all its parts of equal strength and in smooth running order, ready, like a steam-engine, to be turned to any kind of work and to spin the gossamers as well as forge the anchors of the mind; one, who, no stunted ascetic, is full of life and

fire, but whose passions have been trained to come to heel by a vigorous will, the servant of a tender conscience; one who has learned to love all beauty whether of Nature or of art, to hate all vileness and to esteem others as himself."

Miss Snively's mind was equally adept at spinning gossamers and forging anchors. All Canadian nurses must know of the anchors she forged; the Canadian Nurses Association is one of them. It is only her intimate friends who know of the gossamers which she delighted to spin. There was a subtlety in her mental processes, reminiscent of the women of the Victorian era who could not achieve by direct methods. In these days of approaching equal opportunities of the sexes, we are apt to forget that in Miss Snively's prime, women were not supposed to be masters of logic, and, if such a thing were suspected, it made their work even more difficult. Miss Snively's subtlety, combined as it was with an exacting conscience, was a sheer joy to behold in operation. She caught shades of meaning which completely escape most people, and this constituted one of the elements of her conquering charm.

The word "charm" has become much hackneyed of late, yet the English language has not yet provided a substitute for this elusive and delightful quality. Miss Snively had it to an unusual degree. It manifested itself in many ways. She had a keen awareness of life, and exhibited a vitality which could not be taken from her even in her last, trying illness. She was regal in appearance; no one ever questioned her commands. She was kind and considerate of others in little ways that do not occur to most people. She was compassionate, as her patients well knew. She was socially attractive, and had a very wide circle of interesting friends outside of the medical and nursing professions.

Miss Snively was deeply religious. In fact, her religion provided the deep mo-

**MARY AGNES SNIVELY****1847 - 1933**

Miss Snively is regarded as the mother of Canadian nursing. She was the Founder and the first President of the Canadian Nurses Association, a Foundation Member of the International Council of Nurses and its first Honorary Treasurer. From 1884 to 1910 she served as superintendent of nurses in the Toronto General Hospital. The Mary Agnes Snively Memorial Medal is dedicated to her memory and is the highest honour which the Canadian Nurses Association can bestow upon its members.

tivation which illumined her life. It prompted her to deny herself all the luxuries and many of the small comforts of life in order to give to foreign missions. She helped native women in India to be educated as doctors; she maintained Bible-women in Formosa and she started a school for children in one of the neglected villages of China. She said little about it, and only a few very intimate friends have ever known from her the extent of her missionary enterprises.

Miss Snively's religion manifested itself in both faith and works. She had a deep, strong faith which carried her triumphantly over the difficulties of life. It helped her to face a lonely old age with serenity and grace, and it was victorious in the hour of her death. It could surely be said of Miss Snively as it was said of Mr. Valiant-for-truth, "So *she* passed over, and all the trumpets sounded for *her* on the other side."

J. E. B.



THE MARY AGNES SNIVELY MEDAL

MISS MONTGOMERY RETIRES

The entire staff of the Prince Albert Sanatorium recently paid tribute to Miss Mary Montgomery, the retiring superintendent of nurses in that institution. For seventeen years Miss Montgomery has given loyal and efficient service to the Anti-Tuberculosis League of the Province of Saskatchewan, first as superintendent of nurses in the Sanatorium at Fort Qu'Appelle and, since 1930, in a similar capacity in Prince Albert. Dr. R. W. Kirby, superintendent of the Prince Albert Sanatorium, said he had never known her to serve a selfish motive and that her executive position never blinded her to the needs and com-

forts of the patients. They always received first consideration. Dr. R. G. Ferguson, superintendent of the sanatorium at Fort Qu'Appelle, also spoke of her in the highest terms. On behalf of the Prince Albert Sanatorium staff, Miss Winona Maguire presented her with a Henderson oil painting which was especially executed for her by the artist. Miss Montgomery is a graduate of the School of Nursing of the Winnipeg General Hospital and those who knew her in her training days will remember her as a good nurse and a capable one. The best wishes of all her friends will follow her in her retirement.

THE EDITOR'S DESK

Readers' Guide

The award, for the first time, of the Mary Agnes Snively Memorial Medal is an event of importance in the history of nursing in Canada. Miss Jean E. Browne sheds new light on the remarkable personality from whom the medal takes its name. Δ A refresher course was recently held in London under the auspices of District One, Registered Nurses Association of Ontario. One of the most outstanding features was a symposium dealing with modern trends in the treatment of diabetes. Our leading article is the first of a series of the addresses which formed part of the symposium and is written by Dr. E. M. Watson, a member of the faculty of the Medical School of the University of Western Ontario. In subsequent issues the *Journal* will publish the entire series which includes articles dealing with the nursing and dietary management of diabetic patients. Δ The health section of the public school department of the Ontario Educational Association has kindly permitted us to publish the masterly address given before that body by Sally Lucas Jean. Miss Jean is consultant in health education in the Department of Indian Affairs, Washington, D.C., and is a high authority in her chosen field. School nurses will find her article eminently practical and directly applicable to their needs, but its appeal should not be confined to any one group of nurses. It may be read with profit by all for it deals with public health in the broadest sense.

The Nurses' Battle

When the history of nursing in Canada comes to be written, one of its most inspiring chapters will tell of the plucky fight made by nurses on behalf of nursing education. By way of a single instance, we mention the School of Graduate Nurses of McGill University which owes its existence to the courage and deter-

mination of a handful of nurses who, against tremendous odds, have stubbornly refused to admit that they were beaten. In almost any other field but nursing such gallantry would have caught the imagination of persons who are in a position to lend support to educational enterprises. Why should nursing be thus overlooked? Is it because nurses do not yet understand how to plead their cause at the bar of public opinion effectively? Dignified publicity is the weapon we must learn to forge and to wield if we are to open doors now closed to us.

Publicity and nursing have never seemed to mix well. They are looked upon as incompatibles, like the innocent drugs which, when mingled, form horrific compounds and produce alarming results. Nevertheless we must find some way of interpreting nursing to the community and that means publicity in some form or other. The spoken word, the daily paper, the radio—all these are agencies of which, so far, we in Canada have not made sufficient use. Even our official organ, *The Canadian Nurse*, is not yet utilized to the extent that it should be. Signs are not wanting, however, that nurses are beginning to realize that a cause which needs and deserves public support should develop advocates who can compel attention. Such persons are rare but they can be found. The sooner we look for them the better.

On the Wing

It is a far cry from Vancouver to Montreal but time and the printing press wait for no man. This issue of the *Journal* must go to press while the Biennial Meeting of the Canadian Nurses Association is actually in progress, which means that editorial supervision can be exercised only by remote control. Our readers are therefore asked to be patient if errors have crept in. Neither editors nor their desks function particularly well on trans-continental trains.

Correspondence

The Right Ideal

Would you like to hear from a "small hospital" nurse in a prairie province? "The right to live" has brought many comments to the *Journal* and I have read them with much interest. This is a day of perplexity and anxiety for Canadian nurses. Many who have even a shadow of that beautiful ideal which lived with Florence Nightingale and many years after, are facing problems which are increasing with the years. There are murmurs that remuneration is the chief motive for nursing, or the lack of hope for a home of their own. Hence, for those who long to reach toward the proper ideal, it is doubly difficult to work with those who fail to see the vision. Is it not sacrifice and loyalty to the service which gives us our present association and system of nurse training? We all owe a loyalty to that first great dream. If we are not respected, should we not strive the harder to gain respect for nursing as a profession?

"The right to live" brings many thoughts to my mind. Who first gave us the right to live or breathed the breath of life into us? Our lives do not belong to ourselves but a gift from the Giver of all Gifts, to use in His service. Florence Nightingale's definition of nursing is: "The work of the skilful hand, directed by the cool head, inspired by the loving heart." There can be much joy and pleasure, outside our duty in reading, meditation, lectures, plays, musicales, and outdoor recreation. We can fully enjoy these, if in our hearts we know that each task is performed to the best of our ability.

As for the little home—the home instinct is as natural as breathing to most women. But if we give renewed strength and courage to those we nurse, that spirit may extend to many homes and bring comfort. Even if our own home calls with a greater urge than our profession, we may be greatly blessed because we have given ourselves to a higher cause and expect naught in return save the daily necessities for our strength and existence.

M. E. PARROTT,
General Hospital, Didsbury, Alta.

Spirit of Sacrifice

Reading with deep interest the courageous letter in your March issue entitled "Life offered up" I feel impelled to answer. Words of my own would carry little weight so I beg permission to quote literally those of Dr. L.

R. Mott, a great man, internationally known as a leader of youth, who recently gave this ringing challenge to a large group of people. "In almost all the countries through which I have travelled, there are large tracts of territory uncovered as to social or health work for the people. Many small groups, who have made wonderful beginnings, are becoming tired and see no help on the horizon. I envy the young man or woman of today who has a life to give; and I call upon them to turn their backs upon money, and to give that life to altruistic work and give it to the death. The world needs, as never before, this sacrificial spirit."

Fellow nurses: in the Appalachian mountain belt some of us know all about this dearth of workers. I know of two urgent calls from country doctors this week that were unanswered because no nurse cared to leave the city and the money offered was not enough. Visits in the Canadian North convinced me that the same situation prevailed in other places. To quote the speaker once more: "Many fields are indeed white unto harvest and the labourers are pitifully few." With all due honour to the fine spirit of the modern nurse: do we not all need to hear the challenge anew and be permeated with the spirit of sacrifice that is willing to go all the way? Some great jobs in the world await such workers.

ALICE ADSHEAD, R.N., Tennessee
(formerly of Toronto).

How Long?

Last year the family were in the throes of mumps when I sent in my renewal to the *Journal* and this year German measles is our not very welcome guest. The variety of letters and opinions published during the year have been interesting. We live in the centre of a farming community in Ontario. Nurses were frequently employed here a few years ago, but now a call is sent out only when there is desperate need. What a tragedy that there should be such a need for nursing service and so many nurses ready to give that service but that it must be denied because there is no money to pay. The day of socialization of medicine and nursing services has not yet materialized. Is it unreasonable to hope that in an intelligent and civilized country such as ours, that these blessings should soon be made available to the people?

"KATY LEE," Ontario.

Department of Public Health Nursing

PROMOTING HEALTH THROUGH THE SCHOOLS

SALLY LUCAS JEAN, Consultant in Health Education, Office of Indian Affairs,
Washington, U.S.A.

Efforts to improve the health of children through the schools has taken on a new aspect during the last eighteen years though all schools have attempted to develop health over a much longer period. This change has been due largely to the recognition that detection of disease, and instruction regarding the formation and functions of the body, have not materially affected the beliefs or the practices of the children who pass through the schools. The new emphasis is placed upon influencing the child, as well as his parents, and upon the co-ordinated effort of all who come into contact with him in the school with a view of creating an attitude conducive to healthy living.

The promotion of health through the schools includes what may be termed *Services*: doctor, nurse, dentist, dental hygienist, school lunches, etc.; *Environment*: ventilation, cleanliness, etc.; *Instruction*: attitudes, practice, knowledge. Each is equally important and any one fails in effectiveness unless the other two phases function co-ordinately. The vital spark, essential in promotion of health through the schools, is the example of leaders who demonstrate in their own lives confidence in the application of scientific health knowledge — an enthusiasm for health.

Medical examination, medical inspection, or health examination as this service is variously called, has had as its primary function the detection of disease and physical defects. Within the last few years a broader interpretation has been accepted and prevention has become the key-note for both school physicians and school nurses. At no period, in any

country, have sufficient funds been appropriated to permit adequate health examinations of all school children, as well as the follow-up required to assure correction of the defects discovered. Observations and reports indicate that England has made the most satisfactory progress in this important field of personal and public health though significant efforts can be found elsewhere.

How can doctors and nurses best serve to promote health through the schools? It is only possible to answer in relation to existing conditions. If the staff is sufficient to permit a thorough health examination of all children once a year, and to follow up each child who is found to have one or more defects, the health, of not only the children, but of all the whole population will be promoted. Such service is rare indeed, in any part of the world, so it is necessary to consider how such funds as are available may best be expended.

If the legal requirements determine the matter, as they do in some municipalities in the States, every child must pass through the school physician's hands once, and those found with physical defects, twice, annually. When such a restrictive law exists, and funds are not appropriated to cover the services of a sufficient number of physicians and nurses to permit a thorough health examination of each child once a year, it has been found practicable to examine thoroughly all children twice or three times during their school life. The regulations can be met by inspecting, once or twice a year, those children not having the benefit of a thorough health examination during that year. All authorities seem to agree that

(An address delivered before the Health Section of the public school department of the Ontario Educational Association, April 15, 1936.)

it is most desirable for health examinations, of a thorough nature, to be made at such intervals as the service permits rather than a hurried inspection annually.

Groups of physicians have been organized in many communities to examine school children. In one instance this plan was initiated by a local fund for Red Cross activities. The superintendent of schools aroused the interest of those responsible for the expenditure of the fund and convinced them that the health of the school children could be conserved by bringing in pediatricists, oculists and other specialists on a per diem basis. As the Department of Health did not have funds for the purpose the plan was tried out and has been so successful that now, at the end of eleven years, the group physician's service on a per diem basis is being carried on in that community from tax funds. Where group service is feasible the plan has distinct advantages but must, of course, meet with the approval of the local department of health and of local doctors.

The presence of parents during the examination of the child at school slows up the proceedings but increases the number of children having defects corrected. As the purpose of the service is to promote health it seems the obvious thing to do, though it requires the efforts of all concerned to bring about the attendance of the parents. In a small Southern city, several years ago, one hundred per cent of parents, in a low-income neighbourhood, responded to invitations to visit the school on a certain day, at a given hour, to talk with the doctor about John or Mary. This record attendance of parents was achieved after a full year of popularizing the plan; it had become fashionable; the thing to do. The amount of criticism of health examinations in schools, as well as the lack of enthusiasm for such service, both of which materially affect appropriations, can be reduced by

increasing the time spent by the doctor with parents, explaining the condition of their children. Large city schools and the isolated one-room schools present different sets of problems, but my observation leads to the belief that school medical service is oft-times superior in the country districts even though facilities for correction are less. The physical difficulties of the plan were overcome in one little school by the initiative of the teacher. The parents were invited to discuss the doctor's coming visit, two months hence; a plan was agreed upon and carried through with enthusiasm. The afternoon before the scheduled visit the one room, with a large central stove, was cleared by placing the benches and desks (which were on slides) to the front of the room. This provided a moderately large free space, one-half the size of the building. Wires were stretched from the side walls, seven feet high, across the width of the room, and two wires, six feet apart, attached to these from the back wall. On these, carefully laundered sheets, brought from the homes, were hung, thus forming cubicles. A table and two chairs, placed in the central space where the best light was available, were assigned the doctor and his recorder.

The doctor and nurse arrived. The giggles of glee coming from the boys undressing and dressing in their cubicles and the girls in theirs mingled with the distant yells of the pupils, released for the half-day to play games in a field, far enough away not to annoy the examining physician. A reliable mother, previously selected by the group, because she wrote a good hand and knew how to keep her own counsel, served as recorder, so that the nurse could be free to weigh children and to make the preliminary eye examination, as well as to plan for the correction of defects. The teacher saw that the doctor was not kept waiting for patients and that the children dressed quickly and ran off to join their fellows.

She added her personal knowledge regarding each child, and the doctor explained to her the special needs regarding specific children, as well as to the mother of the child. Examining cloths had been made by the mothers from muslin bought in quantity at the country store, funds for this purpose being provided by the Parent-Teacher organization of the school.

Parents sat knitting or caring for babies while they awaited their child's turn to see the doctor. One buxom woman said to a visitor present: "Ain't we lucky to have a doctor come once in two years to our school? We had nothing like this when I went to school." Can you imagine that group of parents being opposed to a larger appropriation for school medical and nursing service?

Though the notification of parents (not present at the examination) regarding the doctor's findings, can most satisfactorily be handled through a call at the home by the nurse, funds do not usually permit enough nurses to allow this procedure for all children found to have defects, so notification forms must be employed. Those usually used are not as effective as they might be, due to lack of imagination on the part of the person designing them or to insufficient printing funds or to inadequate clerical assistance. The utilization of coloured paper, or cardboard pictures of conditions to which the parents' attention is to be called, and the use of terminology easily understood by the layman are all factors worthy of consideration.

Records

The type of medical records in use varies enormously but gradually a form suitable to carry the health history of the child's school life is coming into use. Such a record should follow the child from the day he enters school until its doors close upon him and, when committees are sufficiently enlightened, a life record for each citizen from birth regis-

tration to death will be kept on file in the health department.

Whatever the form of the record, the classroom teacher should have either a copy of the same made available to her, or the defects of her pupils listed, if she is to participate fully in the health promotion of each child. The set-up for efficient health examinations should always include the teacher's presence and, though school regulations complicate this, it is practicable as has been found by many school systems.

The School Physician

The school physician is needed to safeguard the sanitary aspects of the school plant and though his instructions usually cover this phase of health, because of the pressure of work in examining children, little of his time is devoted to toilet rooms, washrooms, school kitchens and ventilation. If unannounced inspection of school buildings were a regular part of his active duties, such conditions as we now find in school buildings would not be tolerated.

Large funds have been, and are being, expended upon the popularizing of annual health examinations of adults. The children in our schools offer a fertile field for the creating of sentiment toward this objective. Each time a boy or girl of any age is impressed by the thoroughness and sincerity of the school physician's examination of his body, the ground work for the securing of a new recruit for annual health examinations is being laid.

The School Nurse

The trained public health nurse is one of the most valuable assets a community can have but she is not always allowed to use her professional ability to the degree her training warrants in promoting health through the schools. Her place is not in the classroom instructing children in health, but rather in the homes and in the community, serving to create confidence in scientific health procedures, explaining, persuading and organizing, so

that the school physician's advice may be put into effect.

A review of the records in use indicates that school nurses are usually credited with the number of home calls made and the number of children inspected rather than with accomplishments. Until this practice is changed nurses will continue to pile up numbers regardless of their desire or efficiency. Release the nurse from the restriction of numbers and credit her with the quality of her work. School nurses are public servants and must report their activities, and records of their findings must be available for statistical purposes, but surely the time of clerks can be employed for this purpose to better advantage than the professional service of this highly trained individual. Volunteer service from parents, teachers, and older pupils can advantageously be utilized for record keeping.

Some of the most valuable contributions made to health education in the schools have come from nurses, but creative, constructive ideas are not forthcoming from weary women, hounded by pressure from above which requires records and reports that cannot be prepared without recourse to the proverbial midnight oil.

Dental Hygiene

Health authorities, as well as dentists, universally agree that mouth health is of utmost importance in maintaining health. Therefore, the dentist, and dental hygienist, have a distinct place in the promotion of health through the schools. Where dental clinic service can be secured, the establishment of school dental clinics does not seem desirable. Free dental service has, in some sections, been arranged for indigent children through the organized dental association, each dentist agreeing to contribute a certain amount of time to such work.

The dental hygienist soon learns to select with the teacher such children as

cannot afford dental fees but she is equally valuable in persuading children, whose parents can pay for such service, to seek the private service of a competent dentist. The ambulatory dental clinic meets the needs of the rural school and its importance cannot be over-estimated.

School Lunches

Wherever children are gathered together for long hours, food should be made available, and public-spirited citizens and educators realizing this fact have devised various methods of providing school luncheons. Local needs and circumstances must control the type of luncheon served, but experience indicates that every school can provide food of some kind in the middle of the day where any considerable number of pupils cannot go to their homes during the noon hour. Before the depression, school lunches had largely become self-supporting, but to enable the community to provide food at a minimum cost, schools have been utilized during the last seven years as free feeding centres. Free breakfasts as well as mid-day meals have been served to pupils needing food which was not available at home. This type of service has seemed necessary and in some places may be continued legitimately, but furnishing food free to school children should not be confused with the regular service of school lunches.

The mid-morning lunch of milk and crackers is a valuable health activity and it is generally believed that this addition to the three meals a day lessens fatigue and increases the capacity of the child to do school work effectively. To prevent interference with appetite for the mid-day meal, it is desirable for this service to be arranged at 10 a.m. and not later than 10.15 o'clock. A quiet place, where pupils can drink their milk in a leisurely fashion, while seated, is an essential. The floor affords space, when benches are not available, newspapers being used to protect the child's clothes. For many years

certain school systems have provided milk service at cost to the pupils, the children depositing their pennies on Monday morning for the week's milk with the teacher as naturally as they say good-morning. By placing straws, now almost universally utilized for milk drinking in schools, in half-pint bottles, the safety of the milk from contamination can be assured. Older children, entrusted to wipe off bottle tops and punch apertures in the covers, are proud indeed to be chosen for this duty. Over-weight children should not, of course, be encouraged to take mid-morning milk unless the family physician or the school doctor so advises. The toilet visit and handwashing should precede the milk service and all other luncheons, thus adding one more link in the important co-ordination of health instruction and health service.

Simple equipment and very little work is required to furnish one hot dish to supplement the mid-day luncheon brought from home. Cocoa, hot soup, creamed potatoes or stewed tomatoes can be found cooking on thousands of stoves in country schools, teacher and children having prepared the dish in the course of the morning from food contributed from home larders or through group purchase. In schools where a cafeteria set-up is practicable, it is vital for the menus to be prepared under the supervision of a dietitian. Skilful cooking and cleanliness are, of course, most desirable. All this, however, is not enough to assure children's selecting well balanced meals. Boys and girls rush to the cafeteria and pass in line to counters with food attractively presented and properly posted, but unless special care is given to the selection of food served, as well as its placing, sweets will be chosen first, not always leaving money enough in the pupils' pockets to cover the cost of the essential foods. A placard carrying the words: "Sweets may only be purchased after milk or cocoa and a green vegetable or

salad has been ordered," can now be found displayed in many school cafeterias. Classroom discussion in the period immediately after lunch, of what constitutes a well-balanced luncheon, permits the teacher to express approval of those whose selection of food has been wise and increase the interest of all.

Environment

The environment created in the school is either an asset or a liability in the development and maintenance of a school health programme, depending upon those serving in each building. The administrator and teachers, as well as the custodian or janitor, create the atmosphere for or against health. The type of building, old or new, has little effect on health one way or another, the important factor being the capacity, attitude and spirit of those who influence children's behaviour.

Large structures, with so-called modern ventilating systems, do not necessarily furnish air of the right temperature and humidity to classrooms, while old buildings with stoves and open windows may be satisfactory. Mechanical contrivances depend upon the human equation for their efficient functioning and, though competent engineers and architects design the buildings, any incapable or indifferent custodian serving as engineer may determine classroom temperatures. The teacher is powerless, because the opening of a window affects the entire heating and ventilating system and so cannot be permitted. This is not a disparagement of modern heating and ventilating systems but rather an example of the part played by the school custodian in the maintenance of a school health programme.

Cleanliness is another factor largely influenced by this factotum, cleanliness of the building as well as personal cleanliness essentials, toilet paper, soap and towels for handwashing as well as the amount of hot water available. If those responsible for estimating supplies need-

ed will gauge the amount of soap and towels required upon the basis of two handwashings per day, which should be a minimum, and three for children remaining at school for mid-day lunch, this one objective of the school environmental programme, hands washed after toilet and before food, is more likely to be reached. Naturally, the amount of toilet paper, water, soap and towels used by pupils must be safeguarded, but sufficient of all these essentials is necessary if the school environment is to be a health asset.

Thermometers in all classrooms, and monitors appointed to record hourly temperatures, assist in creating an interest, on the part of all concerned, for the maintenance of proper temperatures. This procedure also develops a sensitivity to this one phase of health and so becomes an instructional factor. In the small or old school building, without the complication of heating and ventilating apparatus, the teacher controls the situation. The one central stove with a kettle or pan of water kept bubbling, with a window down from the top and up at the bottom, a board being placed in the aperture to protect children seated near, furnishes, if properly handled, a satisfactory temperature.

Instruction

Health teaching in the school, about which there has been much discussion, consists of creating in the child's mind a desire to be healthy and furnishes information as to how this can be accomplished. The classroom affords a centre which may become a focus of a systematic campaign for health behaviour. To break down unfortunate habits formed before the child enters school and to substitute proper living habits is a goal worthy of the most skilful teaching. Maud Brown, in "Teaching Health in Fargo," uses the terms propaganda, drill, rationalization, as the sequence to be followed in introducing a health behaviour programme.

Propaganda involves popularizing

through the community, the school and the classroom. Drill necessitates opportunities to repeatedly practice the habit, and rationalization, knowledge and understanding. Those responsible for this programme have requested your speaker to discuss the high school health teaching programme and, as time does not permit elaboration, the remainder of the assigned period will be devoted to this age group.

In the High School

The nature of the pupils' experiences in the elementary school must be taken into account in planning the high school health programme, but the first step is to develop a definite campaign of popularizing, for the parents and the public as well as the students. All parents desire their children to be healthy and most of them think they are doing all in their power to bring this about, but they usually do not know how to utilize such knowledge as they possess and have little thought as to the influence of the school in this respect.

No satisfactory school health programme can function without the support of the community. Mass meetings of parents in the schools, in clubs and churches are important. The family physician, through word of mouth, carries enormous weight with parents and the press may influence the whole people. All of these forces should be utilized after a high school health programme has been determined upon. Those in charge have something to sell, a vital idea which has been sold in other places, and the methods used in launching any legitimate product may advantageously be employed in selling the health idea to the community.

Approach the club leaders, the clergy, the Chamber of Commerce, as well as the physicians, dentists, nurses, and other health specialists, and see how readily they will respond to the thought of promoting the health of their boys and girls through high school health programmes.

They know all is not well with the health of their young people. They know that, though the organized forces are conscientiously attempting to promote health, thousands of people are ill, thousands die yearly because present health knowledge is not applied in the daily lives of the people who have passed through the schools. The press is only interested in news so it is necessary to create news to secure space in the newspapers but this can readily be done. Select leaders for a central committee to guide the campaign; from these hunt out those with a "nose for news" and they will soon point the way to make events which the press will be glad to publish.

A faculty health committee in each high school is essential in co-ordinating the various phases of the service, environment and instructional programmes. Weekly meetings in the first few months of the inauguration of a new health programme have been found necessary, and then can be called less often but at a regular and agreed upon day and hour.

The membership in these committees usually consists of the school principal and representatives from the science, home economics and physical education departments, as well as the doctor and nurse, if such services exist. The custodian or janitor should also be kept in touch with this group by attending occasional meetings when his province is to be touched upon. Here, not only specific plans for the whole health programme are discussed, but the individual problems of students who are not participating satisfactorily from a health point of view. The chairman of the committee varies, in some cases being the administrative officer of the institution and again the physical educator, or the home economics director, depending upon the situation.

The nature of the instruction given students can only be determined by a knowledge of what has gone before, but success is dependent upon creating an interest on the part of the student and in developing opportunities for him to attain the satisfactions which come from successful efforts to establish habits in which he can feel a justifiable pride. Courses in human biology, personal hygiene, as well as physical education and health examinations, all have their place but are of little avail in developing healthy living habits unless some provision is made for the student to discuss his personal health problems with a sympathetic, understanding person. If a health educator is not available, a nurse for certain problems, and physical educator for others, may serve but only through such provision can a high school health programme function effectively.

You may well ask can our community afford such programmes? Some one has estimated that the average community spends five hundred times as much to keep a child in school a year as it does to protect that child's health, and, if that child fails, spend another five hundred per cent of the health cost to carry it an extra year — all in the name of economy.

He and his million brothers

Create our country,

Weave the destiny of the nation.

They are our flag.

Shall we neglect this august possession,

This Supreme Property,

*Remembering only mines, forests, rail-
ways,*

Crops, livestock and ships?

*We had best stop and look at Every-
child,*

He is not alone for his mother,

Not alone for his father,

But belongs to every one of us;

He is the deepest concern of us all.

THE MCGILL SCHOOL

On a sunny day in May, a long and colourful procession wound its way along the tree-shaded avenues which traverse the grounds of McGill University. The occasion was the annual Convocation, and in the student ranks there walked twenty-one nurses wearing the traditional cap and gown over their white uniforms. Eight of these women were successful candidates for the certificate in teaching and supervision in schools of nursing, and thirteen for the certificate in public health nursing. Three had won special distinction—and every one of these belongs to the proud Province of Saskatchewan. The Lieutenant-Governor's silver medal for highest standing in the course in teaching and supervision was claimed by both Marion Barbara Bie and by Nellie Grace Fitch who had attained equal standing. So the Lieutenant-Governor gave two medals! In the public health nursing course, the Lieutenant-Governor's medal was won by Olive Kathryn Clemons. And now a word about each of the prize-winners.

Miss Bie is a graduate of the School of Nursing of the Saskatoon City Hospital and holds the position of instructor. Last autumn she was awarded the Flora Madeline Shaw memorial scholarship which is sustained by the Alumnae Association of the McGill School for

Graduate Nurses. Miss Fitch is a graduate of the School of Nursing of the Regina General Hospital and was the beneficiary of the generous scholarship given by Mr. Carss, of Weyburn. The West can also claim Miss Clemons since she holds the degree of Bachelor of Arts from the University of Saskatchewan and hails from Prince Albert. She is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal.

In addition to students taking the full course, thirty-six students registered for partial work, thirty-one of whom were enrolled in the course in teaching and supervision. Many of these part-time students are staff nurses in the various hospitals of Montreal. Their keen interest and intelligent response was, in itself, proof of the practical value of the instruction thus received.

Bursaries were provided from the following sources:

The Carss Scholarship.

The Alumnae Association of the School for Graduate Nurses of McGill University.

The Montreal General Hospital.

The Royal Victoria Hospital, Montreal.

The Alexandra Hospital, Montreal.

The Alumnae Association of the School for Nurses of the Montreal General Hospital.

The Association of Registered Nurses of the Province of Quebec.

In 1932 the Alumnae Association of the School undertook the responsibility of financing it for a five-year period. For three years this obligation has been met and the outlook for the coming year is favourable. Considerable re-organization in the programme of studies has been undertaken and changes in various courses have been made in order to secure close integration. There are already good prospects of increased enrolment. In a word: *the School goes on*. The McGill School for Graduate Nurses has an inherent vitality which financial hardship cannot wither. After all, money is not everything—there are other values which enter into the reckoning.

It is distinctly encouraging to learn that every one of the twenty-one members of the class of 1936 has either already obtained a position or has good prospects of doing so. The value of any educational preparation can only be appraised by the quality of work done by those who have thus qualified themselves. Judged by this exacting standard, the graduates of this School have given a good account of themselves. The service which they are rendering to the community is, in itself, a tribute to the School which prepared them to give it.



THE PRIZE WINNERS



CLASS OF 1936, THE SCHOOL FOR GRADUATE NURSES, MCGILL UNIVERSITY, MONTREAL.

A VALUABLE COURSE

The Children's Memorial Hospital in Montreal offers some information concerning the course offered to graduate nurses who desire to have further experience in the nursing of children. The Hospital has a capacity of 300 beds and treats all kinds of diseases except those which are infectious. The hospital offers special facilities in the observation and care of rheumatic and cardiac cases, and in the teaching of medical aseptic technique. A newly organized plan of instruction emphasizes a special study of the child which will include lectures in child psychology and the direction of the discipline and play of convalescent and chronically ill children, conducted by a specially qualified director.

The course will be of six months' duration divided as follows: medicine, one month; surgery, one month; infants and infant feeding, one month; out-patient department, one month. The out-patient department experience will be broadened to include social and public health aspects by means of visits to the home and to child welfare clinics. The remaining two months will be elective and will offer a choice between experience in the care of bone tuberculosis and rheumatic and cardiac cases and some responsible executive experience on the wards.

Practical experience will be correlated with a lecture programme and ward clinics by staff doctors on conditions peculiar to children. Ward work will be under the guidance of teaching supervisors who hold the diploma of the School for Graduate Nurses, McGill University. Class demonstrations of treatments and measures adapted to the nursing care of children will be given by a qualified instructor holding a similar diploma. Some hours will be devoted to supervised reference reading. These hours, and the lecture time, will be arranged during the hours counted as "on duty." Excursions will be made from time to time to places which are of interest from a professional point of view. A certificate will be given upon the successful completion of the course.

Classes are admitted in the spring and autumn as follows: April 15; May 15; and October 15; November 15. Full maintenance and laundry will be provided but no other remuneration will be given. Opportunities to apply for vacancies in staff positions will be offered to postgraduate students who prove themselves competent and reliable. Students contemplating applying for the course are asked to apply early, as accommodation is very limited. Further information may be obtained from the superintendent of nurses.

Department of Nursing Education

AN EXCELLENT DIRECTORY

The seventh annual Directory of the Catholic Schools of Nursing in the United States and Canada is now available. This excellent and authoritative study is prepared under the auspices of the Catholic Hospital Association, through its two Councils on Nursing Education—American and Canadian respectively. The Canadian Council comprises the following members: Sister Madeleine of Jesus, B.S., R.N. (chairman), Ottawa University School of Nursing, Ottawa; Mother Ste. Anne, R.N. (secretary), St. Jeanne d'Arc School of Nursing, Montreal; Rev. Mother Audet, R.N., Hôtel Dieu School of Nursing, Campbellton, N.B.; Sister Allaire, The Grey Nunnery, Montreal; Sister Mead, R.N., Holy Cross School of Nursing, Calgary, Alta.; Sister M. Albert, R.N., St. Michael's School of Nursing, Toronto; Sister St. Louis, The Grey Nunnery, Montreal.

The text of the report is prepared under the immediate direction of the Reverend Alphonse Schwitalla, S.J., and is worthy of close study by all who are responsible for the education of nurses. This directory shows that there are 76 Catholic schools of nursing in Canada with a total enrolment of 3,684 students—an increase of 296 over the preceding year. According to the Dominion Bureau of Statistics the total enrolment in Canada is 8,044, so that the students in Catholic schools represent 45.8 of the student-nurse body in this country. Some wise counsel is given concerning the administration of schools of nursing, especially in relation to their governing committees. We quote from the report:

If a school is to be properly administered, the source of authority and the transmission of authority must be clearly defined. This is necessary even if a school is liberally administered. Liberal administration differs, of course,

from chaotic administration. If authority is properly defined, a school may still be safe if considerable latitude is permitted in dealing with the faculty, the student body, and the auxiliary personnel. On the other hand, a school in which authority is arbitrary, even though that school be administered with great rigor, may still be disorganized. For these reasons, the responsible person or persons in a school of nursing should be definitely designated, the extent of their responsibilities should be defined, and the group of persons or the person to whom the school administrator reports should be well known to all individuals interested in the institution.

If it is important for a school of nursing to have an adequate, effective, and interested council or board, it is equally necessary, it would seem, that such an administrative or advisory committee be composed of properly chosen persons. Again upon this point, uniformity is neither desirable or practical. The suggestion may, however, be made that in any council or board of the school of nursing representation should be provided for first and foremost for the administrators of the school itself and for the nursing profession. Secondly in importance but still important, no doubt, the necessity of providing representation for the hospital administrators, the medical profession, and for educational interests. In general, therefore, it would seem that those interests which pertain to the profession of nursing and to nursing education should be predominant with the assurance, however, of adequate representation on the council or board for the hospital administration, for the medical staff, for medical interests, and by all means for the religious interests.

The Catholic Hospital Association is to be congratulated on this most useful report and on its broad-minded attitude towards nursing education. A similar directory, dealing with non-Catholic schools of nursing, is greatly needed and its preparation should be undertaken by some responsible nursing group as soon as possible. Full and accurate details concerning every approved school of nursing in Canada would provide the authoritative information upon which our educational policies should be based.

Department of Private Duty Nursing

PRIVATE DUTY IN BRITISH COLUMBIA

ESTHER PAULSON, Convener, Private Duty Section, Registered Nurses Association of British Columbia.

New Westminster

The private duty section here, as in Victoria, does not meet as a separate body. A study programme for the general meetings was outlined last fall and proved a source of much interest and stimulation. It provided an excellent opportunity to keep up-to-date on professional problems, and the private duty nurses contributed to this educational hour at each meeting. Their contributions included demonstrations of modern nursing procedures and talks on the special problems of the private duty field. One entire session was devoted to a discussion of eight-hour duty. As yet, eight-hour duty has not become an established rule in New Westminster but an optional eight-hour service is available at the rate of \$3.00. The Association raised a fund by means of a raffle, which is used to provide special nursing care, on the eight-hour basis, to needy cases.

Vancouver

The monthly meetings of the private duty nurses have usually taken the form of round-table discussions with emphasis on registry problems and state health insurance. An attempt is made, at these meetings, to carry out a suggestion made by Miss Smith at the refresher course last Spring, and to collect information on various diseases; the details are clipped from magazines and pamphlets and are assembled so as to be available for nurses who are on duty with out-of-town cases or are assigned to types of cases which they have not nursed for some time.

A plan for bringing about eight-hour duty for special nurses working in hospitals was put into operation in Vancouver almost a year ago and the resulting benefits to patients and nurses are obvious. Where two nurses formerly covered the twenty-four-hour period, three are now employed. In the past, a patient sometimes found the cost for two nurses at \$6.00 each for twelve-hour duty too heavy; he now finds that two nurses for eight-hour duty at \$4.00 each is much more conveniently managed; this service is so arranged as to cover the hours when special care is most needed. One nurse is now employed for eight hours at \$4.00 when, formerly, the patient did without a nurse altogether rather than pay \$6.00 for twelve hours; this particular arrangement has

been found to work out very well in the home.

The nurses themselves regard the eight-hour day as a boon and are asking themselves "Why did we not have it long ago?" It is felt that no other change in nursing policy ever went through quite so easily or with so little opposition. The eight-hour day is compulsory for special nurses in the Vancouver General Hospital, but is still on an optional basis in St. Paul's Hospital. Here are some convincing facts and figures for the past year in Vancouver: the number of calls increased from 2,686 in 1934 to 3,021 in 1935; the daily average number of nurses on call decreased from 78 to 58; the schedule of fees for eight-hour duty in hospitals is as follows: surgical and medical cases, \$4.00; maternity cases, \$4.00; mental and infectious cases, \$4.00; alcoholic cases, \$5.00.

Victoria

There are no special meetings of the private duty section in Victoria, their problems being dealt with at the general meetings. A plan for eight-hour duty in hospitals was put into force in July, 1935, and since that time the work has been better distributed and a greater number of calls recorded. The total number of calls filled in 1935 was 1,677 as compared with 1,528 in 1934 and 1,222 in 1933. These figures include all calls filled, through the Graduate Nurses' Registry, to the local hospitals, nursing homes and home cases. It was necessary to make a few exceptions and to revert occasionally to the twelve-hour period in hospitals because a few of the doctors refused to co-operate; however, the majority have fallen in with the new routine without opposition. A fund has been established by the private duty nurses themselves whereby needy patients are provided with nursing service paid for out of the fund. This money was raised by bridge parties, raffles and a rummage sale, and was augmented by contributions from the junior auxiliaries of the hospitals and other organizations. This plan has accomplished two things: it has provided care for those who could not afford to pay for it themselves and has helped a few nurses who needed the work. The assignment of the nurses to these cases is left entirely to the Registry.

AN INTERNATIONAL LOSS

On June 3, 1936, at Washington, D.C., the death occurred, suddenly, of Clara Dutton Noyes. In the passing of this able and courageous woman the profession of nursing the world over has sustained a very severe loss. At the time of her death Miss Noyes occupied



the important position of director of nursing service for the American Red Cross Society. During the Great War she had served as assistant director of this service and, through the years had built up a magnificent record of wholehearted and unwavering devotion to

duty. Miss Noyes possessed executive ability of an extremely high order which, coupled with her keen intelligence, made it possible for her to deal swiftly and effectively with the crucial situations which arise in an emergency nursing service which is national in scope.

Miss Noyes was a graduate of the School of Nursing of Johns Hopkins Hospital, Baltimore. Very early in her professional career it became apparent that she was not only a good administrator but that she also had a firm grasp of educational principles and, after serving successively as superintendent of nurses at the Hospital for Women and Children, in Boston, and in St. Luke's Hospital, New Bedford, she became director of the great School of Nursing associated with Bellevue and its allied hospitals in New York City.

It was to be expected that throughout her long and active career, that various nursing organizations would recognize and avail themselves of her exceptional capacity for leadership. At the time of her death she was first vice-president of the International Council of Nurses, and had previously served as president of the American Nurses Association and as president of the National League of Nursing Education. In international as in national nursing affairs she was looked upon as a wise guide and counsellor, and her Canadian colleagues will join with nurses from every part of the world in offering their respectful sympathy to our American sisters in this sore bereavement.

OBITUARY

DE COURSEY—The death occurred on March 8, 1936, of Miss Alma Evelyn De Coursey. Miss De Coursey was a graduate of the School of Nursing of the Medicine Hat General Hospital and was a member of the class of 1920. She served on the staff of this hospital for the past nine years and her death is sincerely regretted.

FATHERINGHAM—On May 6, 1936, Annie Balfour, wife of Rev. R. Fatheringham. She was a member of the class of 1903 of the School of Nursing of the Kingston General Hospital.

MITCHELL—The death occurred recently, at the Hamilton General Hospital, of Mrs. James Mitchell (Lillian Overholt), a member of the class of 1910 of the School of Nursing of the Hamilton General Hospital.

PHILIP—On May 14, 1936, at the Belleville General Hospital, Josephine Onyon, beloved wife of Mr. Gerald B. Philip, in her thirty-third year. She was a graduate of the School of Nursing of the Woman's General Hospital, Montreal, class of 1933, and greatly esteemed by all those with whom she came in contact.

STEWARTSON—On April 11, 1936, at the Metropolitan General Hospital, Walkerville, Ont., Violet Lucille Stewartson died after a brief illness. Miss Stewartson was a graduate of the School of Nursing of the Ontario Hospital, London, class of 1929, and for more than six years had been a member of the nursing staff of the Metropolitan General Hospital.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International Students

During the session of 1936-1937 three nurses from Canada will be enrolled as students in the courses given under the auspices of the Florence Nightingale International Foundation. In addition to Miss Caroline Elizabeth Sage, who was awarded the Canadian Nurses Association scholarship, Miss Nettie Edna Howey, one of the supervisors of the nursing staff of the Department of Health for the Province of Ontario, will attend the course for public health nurses and Miss Sadie Alexandra Williams, a member of the nursing staff of the Toronto General Hospital, will attend the course for nurse administrators and teachers in schools of nursing.

Immigration Regulations

Early this year the Canadian Nurses Association received requests for information concerning the regulations governing the entry of nurses from other countries who wish to pursue their professional education or activities in Canada. In order to supply authentic information in reply to these enquiries, several questions were addressed to the Deputy Minister of Immigration and Colonization at Ottawa. For the benefit of those who may be interested, a statement of the information received appears below.

Nurses who wish to enter Canada as students for postgraduate study for one year in a university which offers these courses are allowed to enter within the non-immigrant class, as students. The Immigration Act provides for the temporary admission of students entering Canada for the purpose of attendance, and while in actual attendance, at any university or college authorized by State or charter to confer degrees. It would be necessary upon application at a Canadian port of entry to establish their status in this respect, also to establish that they

are in possession or would have available sufficient means for maintenance and expenses while in Canada without engaging in any remunerative occupation. Assurance must be given that they will leave Canada upon completion of the course and that they possess the necessary passport facilities establishing citizenship which would enable them to return to the country of citizenship. With regard to those nurses who wish to study by means of travel and field observation in Canada for periods which may vary in length, it would be necessary for applicants to establish the *bona fide* temporary nature of their proposed stay in Canada. They must also show that they possess sufficient means for maintenance and expenses without seeking or accepting any remunerative employment during their stay and must be in possession of the necessary passport facilities to establish citizenship and to enable them to leave Canada.

Admission as Residents

Nurses who wish to take up residence in Canada and to continue active in the profession of nursing would be subject to examination as immigrants and subject to the existing regulations. Those who are British subjects by birth or naturalization in the British Isles or any of the Overseas Dominions and those who are citizens of the United States of America are required to submit to inspection in the matter of mental and physical health, character, literacy and ability to satisfy the examining officers at a Canadian port of entry of the possession of sufficient means for maintenance until employment is secured. Also, there is in effect a contract labour regulation which prohibits the landing in Canada of any immigrant seeking entry under contract or agreement, expressed or implied, to perform labour or service of any kind in Canada. With regard to

nationals of other countries the regulations are considerably more restricted, this being necessary on account of employment and economic conditions in Canada. At present the only classes who are encouraged to come to Canada are *bona fide* agriculturists having sufficient means to farm in Canada; and the wife

and dependent children of any person legally admitted to and resident in Canada who is in a position to receive and care for his dependents. Consequently nurses, unless they are British subjects or citizens of the United States as described above, do not come within the ordinarily admissible classes at the present time.

Book Reviews

THE HYGIENE OF THE CHANGE IN WOMEN, by Isabel Emslie Hutton, M.D. 105 pages and index. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price \$1.50.

This excellent little volume has been prepared by an English physician who is herself a woman and therefore understands the psychological aspects of the climacteric. The book is intended for the lay reader but could be read with profit by nurses. It may safely be recommended to patients who are in need of advice and reassurance but who are too reticent to ask for either. The author is most careful to avoid any suggestions for self-treatment and clearly indicates the circumstances under which a physician should be consulted. Any woman who follows the advice given in this book will pass through a period of physical and emotional readjustment, the terrors of which a foolish tradition has greatly exaggerated.

PRINCIPLES OF BACTERIOLOGY, by Arthur A. Eisenberg, A.B., M.D., Director of Laboratories, Sydenham Hospital, New York, and Mabel F. Huntly, M.A., R.N., director of nursing, Wesson Hospital, Springfield, Mass.; annotations and a section on microbic variations by F. E. Colien, M.S., Ph.D. 378 pages. Illustrated. Published by The C. V. Mosby Company, St. Louis, Mo.

Canadian Agents: McAinsh & Co. Limited, Toronto. Price, \$3.00.

The sixth edition of this useful and comprehensive text reveals numerous changes and additions which add materially to its value. Emphasis is placed upon the preventive aspects of medicine in relation to bacteriology. The directions for laboratory exercises and the thought-provoking questions given at the end of each chapter will be found useful in preparing lesson plans. The illustrations are excellent, especially those which are reproduced in colour. There is a glossary and an index.

ON THE TRAIL OF ADVENTURE, by Louie Bryce, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. 45 pages. Published by Mawson, Swan & Morgan, Ltd. Price, 50 cents. Copies may be obtained from the author (Mrs. Alex. MacRae), 6 Jesmond Road, Newcastle-upon-Tyne, England.

Our readers will certainly be pleased to learn that these delightful letters, which originally appeared under this title in *The Canadian Nurse*, have been published in book form. This record of the adventures of a nurse in many lands is as remarkable for the distinction of its style as for the vividness and humour of its description. Its convenient size makes it ideal for summer reading out-of-doors.

THE NIGHTINGALE MEMORIAL FOUNDATION

The secretary of the Manitoba Association of Registered Nurses has forwarded a list of the contributors to the donation of \$113.50 which was acknowledged in the May issue of this *Journal*. The donors were:

A.A., Winnipeg General Hospital ..	\$100.00
Carman General Hospital	5.00
Private Duty Nurses	5.00
Staff Nurses, Grace Hospital, Winnipeg	3.50

Additional contributors to the Fund have been received as follows:

British Columbia

Prince Rupert General Hospital	13.35
Mrs. Kneen (Emily Hogarth), Nanaimo	5.00
Miss Rutherford, Salmon Arm	1.00

Manitoba

Brandon Graduate Nurses Association	14.00
Central Tuberculosis Clinic, Winnipeg	1.25
Margaret Scott Nursing Mission, Winnipeg	1.25
Nursing Division, Department of Health and Public Welfare	8.00
Nursing Staff, Winnipeg General Hospital	9.25

A.A., St. Boniface Hospital	25.00
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New Brunswick

Registered Nurses Association of New Brunswick (for the Endowment Fund)	50.15
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Nova Scotia

Registered Nurses Association of Nova Scotia, Halifax Branch	25.00
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Ontario

Student Nurses, Victoria Hospital, London	25.00
Graduate Nurses Association, St. Catharines	5.00
Ontario Division, Canadian Red Cross Society	25.00
A.A., East General and Orthopedic Hospital, Toronto	5.00
Graduate Staff and Student Nurses, East General and Orthopedic Hospital, Toronto	10.00

Quebec

Hôpital Saint-Luc, Montreal	5.00
Montreal Graduate Nurses Association	25.00
Student Government Association, Montreal General Hospital	35.00
Sister Rozon, St. Mary's Hospital, Montreal	10.00



FORTY YEARS ON!

The Alumnae Association of the Toronto Western Hospital recently celebrated the fortieth anniversary of the founding of the School for Nurses. This occasion took the form of a reunion dinner at which 250 members were present. To the great joy of the Association three members of the class of 1898 were in attendance: Mrs. MacConnell, Mrs. Annie York and Mrs. Chubb. The following were guests at the head table: Miss Allegra Walker, president; Miss B. L. Ellis, superintendent of nurses; Mr. and Mrs. A. J. Swanson, Dr. and Mrs. Frank Scott, Dr. Augusta Stowe Gullen, Dr. H. A. Beattie, Dr. and Mrs. S. M. Hay, Dr. and Mrs. John Ferguson, Mrs. Skenes of Buffalo, formerly Miss Hudson; Miss E. Muriel McKee, superintendent of Brantford Hospital. Mrs. Islay Mc-

Connell, the first to graduate from the School, read an illuminated address of greetings to Miss B. L. Ellis, the present superintendent of nurses, and at its conclusion Miss Mary Thomas and Miss Marjorie Agnew, graduates of the class of 1919-20, who have been members of the hospital staff since graduation, presented Miss Ellis with a handsome Sheffield tea service. A letter of congratulation was read from Miss Gladys Sharpe, who is attending the course given under the auspices of the Florence Nightingale Memorial at Bedford College, London. Former superintendents were presented with baskets of flowers and many letters were received from members who lived too far away to attend. Mrs. C. Parr, formerly Miss Eva Linn, journeyed all the way from Florida for this happy occasion.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

VANCOUVER: An examination for title and certificate of Registered Nurse was held recently in five centres in British Columbia. The following are the results given in order of merit: *First Class* (80% and over)—H. S. Porritt, Provincial Royal Jubilee Hospital, Victoria; R. Corbould, Prince Rupert General Hospital; E. Wowk, Royal Columbian Hospital, New Westminster; Sister Providence, St. Paul's Hospital, Vancouver; P. Eccleston; E. E. Copeland, D. R. Paton, *equal*; M. C. Bearce; I. E. Leeson, Sister Alcide Marie, *equal*; D. Young; E. Henry; A. V. Mackenzie; A. V. Larsen, A. J. A. Spratt, *equal*; Mrs. D. M. Carey, E. H. Polak, *equal*; M. E. Telford; M. J. Phillips, Sister Mary Alena, *equal*; C. F. DaCosta, K. M. Jakubiec, M. M. Simpson, *equal*; A. M. Brown; B. Haan, E. C. Maguire, *equal*. *Second Class* (65% to 80%) — J. Brown, M. H. B. Ryall, G. D. Smith, *equal*; R. Ahlgren, E. M. Brown, *equal*; A. J. Boutwell, H. Matsukura, E. M. Moscrop, *equal*; A. C. McKinnon, V. T. Ulmer, *equal*; K. E. McMillan; B. E. Steben; I. M. Hollingdale; H. F. Chaloner, S. E. Hellowell, D. A. V. Maynard, M. M. Megaw, *equal*; M. E. Brake; D. B. Harris, J. L. Kwong, R. E. Thomas, M. McB. Weatherby, *equal*; C. I. Connon, E. E. Gfroerer, *equal*; A. T. Pillsbury; J. M. Power; J. E. Bryant; M. L. Pritchard, E. A. Shulaika, *equal*; S. M. E. Courtney; L. L. M. Studdy; M. M. Richardson; M. C. McDonald; J. I. Pringle; L. A. Cochran; F. M. Harford; P. J. Grant; C. M. Stewart; M. M. Cartledge, J. McG. Ion, M. M. Austin, S. L. M. Hulton-Harrop, *equal*; C. B. Phillips, M. E. Richards, *equal*; E. M. McCallan, M. I. Scott, *equal*; A. M. Lee, C. M. Wright, *equal*; R. H. Dunwoodie, E. J. Hutcheson, M. J. McCormick, *equal*; D. M. P. Barnes; M. I. Miller; V. E. Monteith, C. M. Stegavig, *equal*; D. M. Brand, M. A. Naylor, *equal*; B. L. Weatherhead; E. R. Conway; M. D. Howis, C. S. Leighton, F. McD. Murray, *equal*; H. J. Burtch, C. E. McCluskey, *equal*; M. E. R. Cathro, G. M. McArthur, *equal*; I. A. Johnstone; D. M. White; D. Shute; M. M. Reid; R. C. Spruston; J. M. Cullinane; S. M. Davidson. *Passed* (60% to 65%)—J. N. May; H. M. Irons. *Passed supplemental*—L. M. Kilvert (1); E. A. Richardson (1). *Passed with supplemental* (1) to write: B. F. C. Cornwall.

VICTORIA: The resignation of Miss Winifred M. Cooke, as instructor at the Provincial

Royal Jubilee Hospital, has been accepted with regret. Miss Cooke has held this position for eight years and has been active in local and provincial Associations and on the board of examiners for Registered Nurse certificates.

MARRIED: On April 23, 1936, Miss Margaret Irene Westman, to Mr. George Morrison.

MANITOBA

BRANDON: The annual dinner of the Graduate Nurses Association was held recently with the graduating class of the School of Nursing of the Brandon General Hospital as guests of honour. The annual report was read and the nominating committee gave a list of the new officers for the coming year. Mrs. A. K. Foster gave a delightful talk on "Making a living and a life."

ST. BONIFACE: The annual dance, arranged by the members of the St. Boniface Nurses Alumnae Association in honour of the 1936 graduating class took place recently. The event had for its organizers Miss Mary Wilson as convener, assisted by a committee consisting of Mrs. J. P. Howden, Mrs. Fred Smith and Miss Margaret Spooner. Dean and Mrs. A. T. Mathers, Dr. and Mrs. John Gunn lent their patronage. Miss Margaret Meehan, the president, received the many guests.

WINNIPEG GENERAL HOSPITAL: The annual meeting of the Alumnae Association was held on May 16, 1936, and the following officers have been elected for the coming year: Honorary President, Mrs. A. W. Moody; president, Mrs. J. W. Briggs; first vice-president, Miss P. Brownell; second vice-president, Mrs. J. W. Stewart; third vice-president, Miss K. Wilkins; recording secretary, Miss I. McLennan; corresponding secretary, Miss H. M. Ross; representative to Training School Committee, Miss K. McLearn; editor of *Journal*, Miss Julia Moody; assistant editor, Miss Helen Miller; business manager, *Journal*, Miss E. Timlick; Press Alumnae Club, Miss F. Strattan; archivist, Miss S. Pollexfen; membership, Miss M. Shepherd; representative to *The Canadian Nurse*, Miss E. Honey. After so successfully presenting "Nine till Six" earlier in the year, the dramatic group of the Alumnae Club entered a play in the Provincial Drama Festival. The handicraft group of the Alumnae Club held an enjoyable bridge party recently.

MARRIED: On May 23, 1936, Miss J. Landy to Dr. F. Fjeldsted.

HOLIDAY AT THE "PAULINE LEMOINE MEMORIAL"

ENJOY the beauties of the Laurentian Mountains
in the celebrated Gatineau District.



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FOR FURTHER INFORMATION WRITE

MRS. G. B. GREENE, 446 Daly Ave., Ottawa, Ont.

NEW BRUNSWICK

ST. STEPHEN: A meeting of the Chipman Memorial Hospital Alumnae Association was held recently with twenty members present. Dr. W. H. Bunker gave an illustrated address on a South American cruise. Members of the Local Chapter with a delegation of student nurses from the Chipman Memorial Hospital recently attended worship in the Presbyterian Memorial Church. A helpful sermon was preached by Rev. G. Lloyd Fulford, his subject being "God and the nurse." Members of the local Chapter, N.B.A.R.N., were guests of Mrs. Harry Short and Mrs. Roy Bartlett at a delightful tea in honour of Mrs. Sydney Moore (Hazel Upton, C.M.H., 1923), who is leaving to reside in Massachusetts.

NOVA SCOTIA

HALIFAX: At a recent meeting of the Halifax Infirmary Alumnae Association, Mrs. L. Emerson gave an interesting address on parliamentary procedure and public speaking. The graduating class of 1936 were present as guests of the Association and both students and graduates showed their appreciation by their undivided attention.

MARRIED: On June 1, 1936, Miss Sadie Gervais (H.I., 1933) to Mr. Humphrey Power.

JULY, 1936

ONTARIO

DISTRICT 1

LONDON: A scholarship of \$100.00 was awarded to Miss Gertrude Maynard, Reg. N., of Victoria Hospital, by the Alumnae Association, full maintenance being provided by the Trust. Ten dollars was voted to the Fresh Air Fund.

MARRIED: Recently, Miss Eleanor Harley to Mr. Oscar Smith.

DISTRICTS 2 AND 3

BRANTFORD: The graduation exercises of the Brantford General Hospital School for Nurses were held on June 5, when twelve students received their diplomas and pins. Scholarships were awarded as follows: First general proficiency, Margaret K. Copeland; second general proficiency, Evelyn E. Scott; for excellent practical and executive work, Margaret K. Copeland; scholarship for obstetrics, Muriel J. Murray. Dr. John G. Althouse, Dean of the Ontario College of Education, addressed the class. A dinner-dance was given by the Alumnae Association in honour of the class. Miss Edith Read (B.G.H., 1934) has assumed her duties on the staff of the Brantford General Hospital following the completion of a course in teaching and nursing school.

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Montreal Maternity Hospital****POSTGRADUATE COURSES**

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**ROYAL VICTORIA
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administration at the School of Nursing of the University of Toronto.

MARRIED: On May 16, 1936, Miss Jennie Hannon (B.G.H., 1933) to Mr. Clarence Kelly.

WOODSTOCK: The student nurses were recently hostesses at a successful tea at the Woodstock General Hospital. Miss H. L. Potts and Miss Walz received the guests. On June 3 the Alumnae Association of the Woodstock General Hospital held a reunion banquet at which the 1936 graduating class were entertained.

MARRIED: On May 2, 1936, Miss Anna Edmunds (W.G.H., 1935) to Mr. Frank Kling.

MARRIED: On May 7, 1936, Miss Marie Kenny (W.G.H., 1933) to Mr. Roy Osborn.

DISTRICT 4

HAMILTON: The graduating exercises of the School for Nurses were held on June 3 with Mr. W. H. Cooper, chairman of the Board of Governors, presiding. Addresses were given by Rev. G. H. Williams, D.D., and Dr. D. A. Warren. The University scholarships were won by Miss Laura M. Dryden and Miss Margaret Mansell. Other prize-winners were: general proficiency, Miss A. Isabel McCutcheon; bedside nursing, Miss M. Pearl Walker; obstetrics, Miss Helen Graham; surgery, Miss Arlene Mackie; surgical nursing examination, Miss Marjorie Consell; medicine, Miss Kathleen Routledge. On May 29 the members of the graduating class were guests of honour at a reunion dinner given by Hamilton General Hospital Alumnae Association. Miss Ada Schiefele has been appointed as a delegate from the Hamilton General Hospital Association to the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On May 30, 1936, Miss Lila Hack (H.G.H., 1923) to Mr. J. W. Thompson, Saskatoon.

MARRIED: Recently, Miss Ethel Bush (Hamilton General Hospital, 1928) to Dr. J. Morrison Webb.

MARRIED: On May 2, 1936, Miss Alice Jane McDougall (H.G.H., 1933) to Dr. John Munro.

MARRIED: On April 7, 1936, Miss Ethel Mary Tilden (H.G.H., 1925) to Mr. John W. Lambe.

NIAGARA FALLS: The annual "Springtime Review" sponsored by the Alumnae Association was held recently and a goodly sum was realized for the work of the Association. The members of the 1936 graduating class were recently guests of honour of the Alumnae Association of the Hospital at dinner. Miss V. Goodland, president of the Alumnae, re-

ceived the guests. Miss Ada Hubbell, superintendent of the Hospital, gave an informal talk, after which the class were further entertained at a theatre party.

DISTRICT 5

TORONTO: The spring meeting of District 5, Registered Nurses Association of Ontario, was held on May 16 at the country branch of the Hospital for Sick Children at Thistletown. After a tour of the Hospital the members gathered in the auditorium where Dr. J. L. McDonald gave an address on osteomyelitis, illustrated with slides. Several children in different stages of treatment were brought in for observation. Short meetings of the three sections were held before tea was served by the hospital staff to one hundred and twenty-nine members, including two from Barrie and five from Oshawa. Miss McKenzie, public health nurse, and Miss Docker of the Victorian Order, both from North Bay, and members of District 9, who had been in Toronto attending the refresher course in child hygiene at the School of Nursing at the University of Toronto, were guests of District 5. At the evening meeting the conveners of standing and special committees were heard from and Miss Effie Smith of Oshawa presented the report from Chapter 1. Miss P. Beatrice Austin, chairman of the district, gave a concise report of the annual meeting of the R.N.A.O. in Peterborough. The report of the committee on Dominion Registration of Nurses was presented for discussion by Miss Mary Millman, Ontario representative on the committee. A glee club of nurses from the Toronto General Hospital, under the direction of Miss Anne Macfarland of the graduate staff, sang two delightful groups of songs during the evening. Dr. Gladys Boyd, of the Hospital for Sick Children, spoke on the subject of bronchiectasis, interpreting diagnosis and treatment by means of slides and specimens.

TORONTO: The annual reunion dinner of the Alumnae Association of the School of Nursing of the University of Toronto took place recently. This gathering was a milestone in the history of the School, whose first group of students in the undergraduate course in nursing (now in their third year), was present. Eighteen students, who completed a year of postgraduate study in June, with the members of the Alumnae Association brought the attendance to one hundred and ten. Several out-of-town members were present including five from Hamilton. With Miss Laura Webb, president of the Association, at the head table were the honorary president, Miss Flor-

JULY, 1936



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ence Emory; the Reverend Stanley Russell and members of the executive committee. Miss Emory read a letter from Miss E. K. Russell, director of the School, who has been in England since February in connection with a survey of nursing education facilities in London. Miss Russell regretted her enforced absence from the reunion and said that she would soon be sailing for home. Miss Laura Gamble, convener of the Special Fund Committee, discussed the letter which had recently been sent out to graduates of the School, soliciting subscriptions to a reserve fund which would be available for those needs of the School not otherwise provided for. Dr. Stanley Russell, the guest speaker, pictured in vivid language, the landmarks of "Old London" against a background of history and tradition.

TORONTO: ST. MICHAEL'S HOSPITAL. The Alumnae Association recently held a successful Bridge under the convenship of Miss Jule Fitzpatrick. The proceeds were donated to the scholarship fund. The Alumnae have founded a new scholarship to be given each year to a member of the Association who, for two years or more has been in good standing in order that she may take a course in any branch of nursing she may choose.

The Association has undertaken the publishing of a Quarterly, the first issue of which appeared last January. Its aim is to bring our widely-spread circle of friends closer together. We need the co-operation of all our members, far and near. If you have any news notes or items of interest be sure to send them in. Write and tell us where you are and what you are doing. Address all correspondence to Constance Bond, 8 Edgewood Avenue, Toronto.

MARRIED: In June, 1936, Miss Margaret Mallon (S.M.H., 1931) to Mr. W. Murphy, Vancouver.

DISTRICT 8

CORNWALL: The spring meeting of District 8, Registered Nurses Association of Ontario, was held in Cornwall on May 16. A large and representative group attended, Miss Maude Hall, chairman, presiding. The morning session took place at Hôtel Dieu Hospital; a large number of Sisters were present at this meeting. A delightful luncheon was held at the Cornwallis Hotel, Miss Marjorie Young, superintendent of the Cornwall General Hospital, presiding. Dr. G. C. Brink of the Department of Health, Toronto, gave a most interesting address on "Tuberculosis." The afternoon session was held at the Cornwall General Hospital. The proposed plan for Dominion Registration was discussed and an interesting paper on "Nursing Bureaux" was given by Miss E. Frances Upton. Following the afternoon meeting, Miss Young and mem-

bers of the Alumnae of the Cornwall General Hospital entertained the guests at tea.

CORNWALL: The annual meeting of the Alumnae Association of the Cornwall General Hospital was held on May 29, 1936, when all the officers were elected by acclamation. Miss Christina MacLennan (C.G.H., 1927) has accepted the position as superintendent of the Hospital at Eston, Sask.

MARRIED: On April 11, 1936, Miss Florence Fever (C.G.H., 1934) to Mr. Harold Gunther.

MARRIED: On September 14, 1935, Miss Mabel Fraser (C.G.H., 1934) to Mr. Charlton MacInnes.

MARRIED: On October 26, 1935, Miss Mildred Murray (C.G.H., 1934) to Dr. J. Cameron Wilson.

OTTAWA: On June 1, the Alumnae Association of the Ottawa Civic Hospital School of Nursing entertained the twenty-seven members of the graduating class of 1936 at a delightfully appointed dinner. The two Alumnae Associations of St. Luke's Hospital and Lady Stanley Institute were also guests. Miss Dorothy Moxley presided. Miss Bennett spoke briefly to the graduates, and to all the nurses present. She advised them to know their own problems and try to handle them through organized groups, before outsiders took authority out of our hands. A skit entitled "Stars of Yesterday" was presented under the direction of Miss Evelyn Pepper.

OTTAWA: Miss Edna Osborne (O.C.H., 1928), who has recently completed a course in public health nursing at Toronto University, has been appointed to the V.O.N. staff in Ottawa. Miss Ila Johnston (O.C.H., 1932) has been appointed to the operating room staff of the Ottawa Civic Hospital. Miss Enid Hart (O.C.H., 1934) is taking a postgraduate course at the Children's Memorial Hospital, Montreal.

MARRIED: On April 27, 1936, Miss Beatrice Bethune (O.C.H., 1929) to Mr. Lloyd Richards, Phm.B.

MARRIED: On May 13, 1936, Miss Mary Bladwin (O.C.H., 1933) to Mr. George Spratt.

MARRIED: On April 28, 1936, Miss Marjorie Campbell (O.C.H., 1927) to Mr. William Blatchley.

MARRIED: On March 14, 1936, Miss Myrtle Dale (O.C.H., 1929) to Dr. John Tweddell.

MARRIED: On April 18, 1936, Miss Mary Edwards (O.C.H., 1932) to Mr. Alex. Smith.

MARRIED: On May 1, 1936, Miss Phyllis Hough (O.C.H., 1933) to Dr. Herbert Barner.

MARRIED: On May 11, 1936, Miss Ethel Lyons (O.C.H., 1929) to Dr. John O'Connell.

JULY, 1936

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MARRIED: On April 16, 1936, Miss Maisie McLean (O.C.H., 1932) to Dr. G. D. Richardson.

MARRIED: On May 9, 1936, Miss Edla Scammell (O.C.H., 1932) to Mr. Edwin McElroy.

PEMBROKE: Miss M. M. Jones, superintendent of the Pembroke Cottage Hospital, has been granted leave of absence, and is at her home in London. During her absence Miss Reta E. Follis has been appointed acting superintendent.

MARRIED: On April 18, 1936, Miss Dorothy J. Collins (P.C.H., 1933) to Mr. Reginald Pinegar.

MARRIED: On April 28, 1936, Miss Doris W. Griese (P.C.H., 1934) to Mr. Clarey McMullen.

OTTAWA: The final meeting of the season of the Lady Stanley Nurses' Alumnae was held at the home of Mrs. J. Waddell, Waverley Street, Ottawa. Gratifying reports were presented by the secretary, Mrs. A. E. Mahood, and the treasurer, Mrs. N. M. Halkett.

OTTAWA: The following nurses attended the Biennial Meeting of the Canadian Nurses Association: Miss E. Smellie, Miss M. Hall, Miss K. C. McIlraith of the Victorian Order of Nurses; Miss G. Clarke, Miss M. Camley, of the Ottawa General Hospital; Miss J. Vizard, Miss E. B. Rogers, Miss G. Ferguson, Miss G. Froats, Miss B. McGillivray, of the Ottawa Civic Hospital; Miss Jean Church, chairman of private duty section, R.N.A.O.

DISTRICT 9

GRAVENHURST: The last meeting of the season of the R.N.A.O., District 9, Gravenhurst Chapter, was held recently. Dr. Kendall gave an illustrated lecture on "Bermuda" which was very interesting.

SAULT STE. MARIE: The formal opening of the room furnished by the Alumnae Association of the General Hospital took place recently. The president, Miss Lilian Goatbe, declared the room opened, and Miss Blanche Roy, first vice-president, presented the Sister Superior at the hospital with a golden key tied with the Alumnae colours of garnet and gold. Mrs. Loretta Callum, one of the first

graduates of the training school, presented Sister Mary Dorothea, the foundress of the training school, with a beautiful bouquet of roses and Miss Elizabeth Gordon made a similar presentation to Sister Elizabeth, the Superior of the hospital. Miss Alma O'Connor read a suitable address, dealing with the work of the hospital and giving a brief outline of its history. The programme was closed with the blessing by the Very Rev. Dean Paris, of St. Luke's pro-Cathedral, conducting the celebration of the twenty-fifth anniversary of St. Mary's Training School for Nurses. The members of the Alumnae Association held a dinner at which the guest of honour was a graduate of the first class of the training school, Mrs. Loretta Callum, of Pembroke.

TIMMINS: The regular meeting of the Timmins Chapter, District 9, R.N.A.O., was held recently with a good attendance. Miss Verna Smythe was elected secretary and Miss Mae Burgera, treasurer, for the incoming year. Dr. Russell gave a very interesting and instructive address on tuberculosis and silicosis.

QUEBEC

MONTREAL: A meeting of the nursing education section of the Association of Registered Nurses of the Province of Quebec was held recently at the Shriners' Hospital for Crippled Children. A most interesting programme of demonstrations and lectures was arranged by Miss M. E. Orr, superintendent of the hospital, with the assistance of the nursing staff and the directors of the physio-therapy and occupational therapy departments. The programme was opened by an address given by Miss Orr, entitled "Organization of Shriners' Hospitals for Crippled Children." Dr. W. G. Turner, professor of orthopaedic surgery in McGill University, then delivered an informative illustrated lecture entitled "The problem of the cripple." Demonstrations of physio-therapy, as applied in the post-operative treatment of spastic conditions, were given by Mr. Kendall, director of the physio-therapy department. Various nursing procedures were demonstrated by Miss Des Barres. A visit was

(Continued on page 332)



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E. J.



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(Continued from page 328)

also paid to the schoolroom. The attendance included about eighty nurses drawn from all three sections of the Association.

MONTREAL GENERAL HOSPITAL: The graduating exercises of the School for Nurses took place on June 4, 1936, with Lieut.-Col. Herbert Molson presiding. The sudden death of Dr. Campbell Howard, a distinguished member of the medical staff of the hospital, was deeply deplored by the chairman and a tribute of silence was paid to his memory. Fifty-one nurses received their medals and diplomas. The prize-winners were as follows: Prizes presented by the Board of Management for general proficiency, Miss E. G. Sears and Miss J. L. Case; Mildred Hope Forbes prizes for highest aggregate marks during the entire course, Miss E. G. Sears and Miss E. M. E. Weston. An eloquent address was delivered to the graduating class by Dr. J. Appleton Nutter. On the previous evening the graduating class were entertained at dinner by the Alumnae Association. Miss Martha Batson, president of the Association, presided and a delightful address was given by Dr. A. T. Bazin.

MONTREAL: The following nurses have successfully completed their postgraduate work at the School for Graduate Nurses, McGill University: Miss E. S. Reid (1930), Miss M. J. Bergeron (1931), Miss Helen Hamilton (1933) and Miss Carol Michaels (1932), the latter receiving a scholarship given by the M.G.H. Alumnae Association. Miss Olive Carter and Miss Janet Cunningham, both graduates of 1935, have recently left for Vancouver, where they are working in the General Hospital for the summer months. Miss Nina Brown (1918) is on a visit to Montreal from Los Angeles and was therefore able to attend the graduation festivities.

MARRIED: On May 30, 1936, Miss Katha-

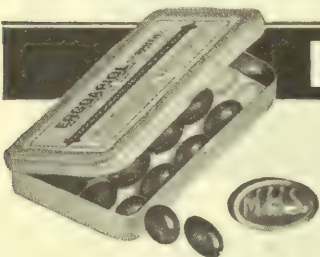
rine Yule (M.G.H., 1931) to Mr. Charles Ray Johnston.

MARRIED: On May 15, 1936, Miss Agnes Buchanan (M.G.H., 1929) to Mr. C. F. Blenkinship.

QUEBEC: The graduating exercises of the School of Nursing of the Jeffery Hale's Hospital took place on May 9, with Mr. J. T. Ross presiding. The Hon. R. F. Stockwell gave the address to the graduating class and the pins and diplomas were presented by Miss E. Laird. Following the exercises refreshments were served. On the previous evening a dance was given in honour of the new graduates by the class of 1937. The Alumnae Association also entertained them at dinner with Miss H. MacKay presiding.

SHAWINIGAN FALLS: The Registered Nurses Club of Shawinigan Falls recently celebrated their second anniversary. Our objective when we organized two years ago was to help our private duty nurses. During the past two years twelve meetings, business and social, were held, by-laws and regulations of fees have been adopted for hourly nursing, one day confinement cases, and giving treatments in the homes. Letters have been sent to all doctors and dentists in our city, asking them to use the services of our Registered Nurses when possible. At our meetings we have had interesting papers read in French and English by nurses engaged in public health, industrial, institutional and sanitary units, as well as in private duty. Articles have been read from *The Canadian Nurse* and *La Garde Malade*, to which magazines our club subscribes and passes to members. Refreshments are served at close of meetings. We are glad to report progress at our annual meeting: getting together and talking over our problems has helped us and our aim for the future is forward.

(Continued on page 340)



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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

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Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (3) Miss Ina Gillan, Kent Manor, Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

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Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board*: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss E. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandersor; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors*: Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retailick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convener of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Halliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Murie Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Wilcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1: Chairman*, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffeld, Box 612, Smiths Falls; *District 8: Chairman*, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10: Chairman*, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses F. Connolly, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors*: Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 61 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Vic-

toria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Julianne Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valérie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal; Miss Katherine MacLennan, Royal Victoria College, Montreal; Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crookford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V.

B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners*: *Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 89½-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealy; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill; Second Vice-President, Miss J. Williamson; Secretary; Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners*: *Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative to the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener*: *Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners*: *Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. M. Ross, 200 Garfield St.; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; *Editor of Journal*, Miss Julia Moody, 99 George St.; *Assistant Editor*, Miss Helen Miller, Winnipeg General Hospital; *Business Manager*, Miss E. Timlick, Winnipeg General Hospital; *Archivist*, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer, Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas., Miss P. Palmer, Woodstock; *Executive Committee*: Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees*: *Visiting*, Mrs. A. Wart; *Programme*, Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative*, Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 2 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Miss Gertrude Crosby, 22 Morray Apts., Morris St.; Vice-President, Miss Iona Marshall; Treasurer, Miss Muriel Graham; Secretary, Miss M. L. Ripley, 303 Morris St., Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee*, Miss T. Bird; Representative to *The Canadian Nurse*, Miss M. Jury.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. D. Muir; Vice-President, Miss N. Yardley, Secretary, Miss E. Cunningham, 124 Dundas St, Assistant Secretary, Miss L. VanEvery; Treasurer; Miss A. Goodwin; *Committees*: *Social Convener*, Mrs. C. Windrim; *Assistant Social Convener*, Miss I. Feely, *Flower*, Miss F. Ritchie, Miss D. Rashleigh, Miss W. Laird; *Gift*, Miss J. Edmondson, Mrs. E. Claridge; *Representatives*: *Private Duty Section*, Miss E. Lewis; to *Local Council of Women*, Mrs. W. D. Wiley; to *The Canadian Nurse*, Miss K. Charnley; *Press*, Miss K. Charnley.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-Pres., Sister M. Consolata; Pres., Mrs. I. Salmon; First Vice-Pres., Miss M. Kearns; Sec. Vice-Pres., Mrs. F. Driscoll; Sec.-Treas., Miss M. Donovan, 113 Harvey St.; Corr. Sec., Miss M. Doyle, 92 Cross St.; *Executive*: Misses J. Ross, L. O'Neil, E. Wright, Mrs. C. Jackson; *Representative District 1, R.N.A.O.*, Miss L. Pettypiece; to *The Canadian Nurse*, Miss Y. Chauvin.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

President, Miss A. MacDonald; Vice-President, Miss J. Belle; Secretary, Miss E. Gass, Galt Hospital; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener*, Miss M. Van Dyke; *Press Representative*, Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss A. Schiefele; Vice-President, Miss E. Bingham; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss L. Watson; *Committee Conveners*: *Executive*, Mrs. R. Hess; *Programme*, Miss N. Ewart; *Flower and Visiting*, Miss A. Squires; *Registry*, Miss M. Ward; *Budget*, Miss H. Aitken; *Nominating*, Mrs. N. Barlow; *Representatives*: to *R.N.A.O.*, Miss J. Souter; to *Women's Auxiliary*, Mrs. J. Stephen; to *The Canadian Nurse*, Misses R. Burnett, E. Bell, J. Murray.

A.A., St. Joseph's Hospital, Hamilton

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A.A., Hotel Dieu, Kingston

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QUEBEC

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A.A., School for Graduate Nurses, McGill University, Montreal

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News Notes—Cont'd.

SASKATCHEWAN

SASKATOON: The graduating exercises of the Saskatoon City Hospital School of Nursing was held May 15, 1936, Mr. J. M. Stevenson, K.C., acting as chairman. The Very Rev. Dean W. L. Armitage pronounced the invocation and benediction, and Dr. A. E. Ross addressed the graduates. The presentation of pins and diplomas to thirty-one graduates was made by Miss E. Amas and Mr. L. Shaw. The general proficiency medal was presented to Miss Yvonne Hanes by Miss J. Stevenson, president of the Alumnae Association. The valedictory was given by Miss L.

Massey. Among the festivities arranged in honour of the class was a dance tendered by the class of 1937; a reception by the supervising staff; a theatre party by the class of 1938, and a banquet by the City Hospital Alumnae Association. The Board of Governors and the student nurses' association were hosts at a delightful reception. Mr. and Mrs. Leonard Shaw entertained at a luncheon party, and Dr. Anna Nicholson was a tea hostess.

(NEWS NOTES: The Editor regrets that owing to lack of space it has been necessary to hold over further news items until next month.)



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An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 15th, 16th, and 17th, 1936.

Names of Candidates for this examination must be in the office of the Registrar not later than August 15th, 1936.

Full particulars may be obtained from:

HELEN RANDAL, R.N., Registrar,

520 Vancouver Block - Vancouver, B.C.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Autumn examinations for the Registration of Nurses in the Province of Quebec will be held in Montreal and elsewhere on October 26th, 27th, and 28th, 1936.

Application forms and all other information relating thereto may be secured from the Registrar. Applications must be in the office of the Association by September 30th, 1936. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about December 1st, 1936.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar

The Canadian Nurse

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FORWARD!

RUBY M. SIMPSON, O.B.E., President of the Canadian Nurses Association.

We are assembled today for the eighteenth General Meeting of the Canadian Nurses Association in the twenty-seventh year of its organization. In our immediate memory lies our Silver Jubilee, that great anniversary which we celebrated so fittingly in Toronto just two years ago. It was a week replete with inspiration, idealism and high endeavour. May we at this time enshrine it in our minds and hearts, that we may renew all that was promised by thought and word on that splendid occasion. That Jubilee is past and the next is in the future. The present is our concern.

The Canadian Nurses Association has many remarkable achievements to its credit in the comparatively few years of its existence, not the least of which is the *Survey of Nursing Education in Canada* and the publication of its report in 1932. The President of that year, in an exceptionally thoughtful address entitled "Whither?", described the report as "the chart and compass to direct us to the promised land" and the promised land as "professional emancipation". Four years have passed since that address was given, four years in which we have had for our use this chart and compass. Is it possible that we may now justly claim some progress and may legitimately cry "Forward!" in the belief that our destination is clear, our plans fairly laid and at least a few of the guide posts placed along the

way? To answer the question we must search for signs of progress. Such signs have been described as "the will to know the truth, the sense to face it squarely and the courage to take action to correct what is amiss." Are these to be found?

The major issues with which we are faced at this time may be stated quite briefly: on the one hand, the preparation of the nurse for community service and on the other, the organization of nursing services through which the community may be served. All our problems fall rather naturally within one or other of these groups. When they have been worked out to the mutual satisfaction of ourselves and the community, then the nursing profession will have fulfilled its destiny, that destiny which was envisioned by our predecessors who, long ago, laid so well and so truly the foundations on which we are privileged to build. We shall then, in truth, give to the health of the people, regardless of all else than the need, the skilled care of which we and we alone are capable.

The Preparation of the Nurse

At this meeting the product of more than four years of serious thought, meticulous care and arduous labour, will be presented to you in the form of the Curriculum for Canadian Nursing Schools, prepared by a special committee representative of all groups and under the leadership of the Nursing Education Section. The committee makes no claim for perfection in the result of its efforts. Rather

(Presidential address delivered at the Biennial Meeting of the Canadian Nurses Association, June 29, 1936.)

the Curriculum is offered for critical examination, not so much now, as two years, perhaps four years or even more from now, when there has been ample time to give it a fair trial and prepare for constructive criticism of it. As you read and study it you will note with interest the linking up of preparation and service, in the strong emphasis which has been placed throughout on the positive aspects of health, on the function of the nurse as a health teacher and on the varied phases of community adjustment. We cannot say that the work of the committee is finished. A curriculum is never finished. It is not a static but a living, growing thing which must be constantly in the process of revision if it is to meet the need of this ever-changing world. The committee would, without doubt, wish you to keep this in mind. To the members of the committee and particularly to the convener, the Association acknowledges a deep debt of gratitude for their work and for the beginning which has been made toward meeting a need long felt in the schools of nursing.

There is other evidence, too, of educational progress. Many of the smaller hospitals have closed their schools. In one province three out of a total of fourteen schools or 21.4 per cent have closed voluntarily since the beginning of 1936, although the legislation which would have made such closing compulsory was rescinded a year ago. This voluntary action was a much greater tribute to the efforts of nursing education than compelled action would have been. In this particular province the smallest hospital now conducting a school has a bed capacity of sixty-five. In another, legislation sets the standard at one hundred beds. The number of students graduated has been slightly reduced but probably not in proportion to the over-production problem, a problem which has many ramifications and which admits of much debate in the light of present community organi-

zation. That there is no need for a further supply of nurses with mediocre professional preparation is, however, freely admitted.

Inspection of nursing schools has been given constructive thought in provinces where this essential service has been long delayed. An official, aptly termed a nursing school adviser, has recently been appointed in one province, plans for similar action are well under way in another and temporary arrangements for inspection are in effect in at least two others. This will add strength to the schools in projected undertakings.

Another fact which should be noted is the marked increase in the use of graduate nurses for general hospital duty. This is strikingly evident in all parts of Canada. Whole sections of large hospitals are in some cases staffed with graduates, while in others the entire service is strengthened by their use in strategic places.

A new curriculum, some reduction in schools and students, more adequate supervision, an increase in graduate service—these are indications of progress.

Organization of Community Services

The organization of services through which the community may be served is a gigantic problem. We made a move toward its solution at our last General Meeting in the experiment which was undertaken in community nursing service bureaux. The subject is of such importance that it has been given a special place on the programme of this meeting, with almost a full session allotted to its consideration. There can be no doubt as to the existence of the need. The *Survey* report emphasizes it again and again. The figures as given must be repeated here even at the risk of wearying you; less than 38 per cent, or only three out of eight, of the sick in Canada who need skilled nursing care, are able to obtain it and 46 per cent of the entire population is now served by 95 per cent of the mem-

bers of our profession. These figures cannot be too often repeated. Until there is a change in the situation it must be kept prominently before us. What can be done about it? Should we wait abjectly for some State-controlled plan? Or may we perhaps work at it as we wait? In 1934 the president of this Association suggested that we "let down our line in the deep waters of experimentation" and that we "break up the problem into small geographical areas and through experimental effort deduce certain facts as to what is best." The bureaux experiment was proposed. Under our own control it would provide all types of service, both graduate and subsidiary, with bedside care on a visit, an hourly or a daily basis and with workers employed on a monthly salary. After two years of effort, very sane practical reports are available from some of the provinces. One fact which we must face is that the general public is awake to its nursing needs. Said a well-known medical practitioner: "The nursing of the sick in the homes in rural communities is being done by the neighbours, not by nurses." Can we refute this statement? Early in this year, in a city in Saskatchewan, a layman attempted to organize a bedside nursing service through a type of lottery or sweepstake. For membership in his scheme he promised graduate nurses on salary, with all travelling expenses paid, for cases in any part of a huge province. He found many young nurses ready and willing to sign up with him and not a little public support! So you see that if we cannot soon meet the situation, the situation will be met for us and in all likelihood, not to our satisfaction. We have no greater problem than this—the organization of community nursing services. "Care for the sick," enjoined St. Paul to untrained, voluntary workers in the early days of the Christian era. Must this necessity be urged upon us after decades of preparation for it? We know the

truth. Have we faced the problem squarely and with courage attempted to solve it? Can we report progress? Only when experiments have been honestly undertaken, not once but many times.

Our Professional Responsibilities

As well as responsibilities to the student and to the public there are certain matters within our own organization which might also serve as a gauge of progress. The appointment of a full-time editor and business manager for our journal, *The Canadian Nurse*, early in 1933, has been amply justified and the *Journal* today is in a highly satisfactory condition, with operating deficits so greatly reduced as to be almost negligible, with the largest circulation in its history and with recognition coming to it from the public press and from other professional journals. We await the announcement of the final results of the 1935-36 circulation campaign which it is hoped will indicate not only an increase in subscriptions but also in live interest in the *Journal*. It must be stated that the campaign brought forcibly to light the perpetual problem of non-renewals; the Editor calls them "the little foxes which eat the vines." If we could retain all the subscribers we list, we should soon have an operating surplus. Your continuous support of the *Journal* is urged, not on any basis of sentiment but strictly for its real value to you in your professional life.

We have kept faith, too, with the International Florence Nightingale Memorial Foundation. This year our third scholarship student will enrol at Bedford College in London, England, and for the third time our contribution will go forward to the endowment fund. These achievements are regarded with considerable satisfaction. Our Association was honoured, indeed, when Miss E. Kathleen Russell, director of the School of Nursing of the University of Toronto, was chosen by the Foundation to direct the study of facilities for nursing education

now existing in London. The study was undertaken on the recommendation of this Association, made in 1934, repeated in 1935 and in the same year made by the American Nurses Association. The report of the study will influence to a degree the plans for further courses to be given through the Foundation. The study, it is understood, has been completed. We are justly proud of our contribution to it—the services of an able Canadian nurse.

Dominion Registration is our most recent project and is one of the matters which will be presented for consideration at this meeting. It is a matter which has long been in mind, one which was strongly recommended in the *Survey* report and now considered to be timely. The committee has made an exhaustive study of it from every angle and not only has a tentative plan to present to you at this time, but has already submitted that plan to the Provincial Associations for study and, through the *Journal*, to you all for the same purpose. The very fact that an apparently feasible plan has been evolved indicates progress.

It is neither possible nor necessary to outline the activities of the numerous committees. They will report to you in due course. Comment on the work of the Exchange of Nurses Committee, however, seems justified. Through this committee are offered unique experience opportunities which must be of particular interest to young nurses of adventurous spirit. Remarkable work has been carried on for several years in arranging for Canadian

nurses to exchange positions with those from other countries for varying periods of time. We have had nurses from England, from France, from Iceland, from South Rhodesia and only recently, from South Africa. Our nurses in most cases have taken their places. Two Canadians are now in South Africa. What a rare experience for them, even as it is for those who come to us. The arrangements made appear to give satisfaction to all concerned: "My time in Canada was the best I ever had anywhere," writes the nurse from Iceland. Our nurses are equally enthusiastic on their return from other lands. When the activities of the committee are generally known, there will undoubtedly be more requests for exchange than can easily be handled. Surely this is a gesture toward international friendliness.

So, in closing, we return to the query expressed in the beginning. Signs of progress? "The will to know the truth, the sense to face it squarely, the courage to take action." They are all here: better preparation for our own group, a true realization of community responsibility and the beginning of an effort to meet it, a fine spirit in relation to our obligations.

Yes, we may cry "Forward" if, as we do, we renew and increase our united and constructive efforts toward the goal. Courage, the last in the list of progress signs, must be our watchword. We have it but we must use it, for in use lies the secret of its preservation. Courage, Sir James Barrie says, is "the lovely virtue and goes all the way."

WE COME OF AGE

The title of this descriptive article has not been lightly chosen: we speak here of the eighteenth General Meeting of the Canadian Nurses Association held from June 29 to July 4, in Vancouver, British Columbia. It has been claimed, and justly, at each successive meeting: "This is the best we have ever held." In other words, there has been such steady progress through the years that, at each Biennial Meeting, we have been able to look back and to see how far we have come. At this meeting, however, there was something new in the air: there was that sense of balance, cool judgment and common sense which comes only with maturity. *As an Association, we have come of age.*

The Issues

There were several factors which contributed to this end. Two extremely important issues came up for consideration: the proposed curriculum for schools of nursing in Canada and the plan for Dominion registration. It was upon these reports and upon their far-reaching implications, that the deliberations of the meeting were centred. In successive issues of the *Journal* further details will be given concerning the official action taken by the Association in regard to them. All that will be done here is to mention the fine spirit in which their recommendations were debated and to record the high appreciation accorded to the two women under whose leadership these reports were prepared. Marion Lindeburgh must have felt that her magnificent contribution to nursing education in Canada has received the recognition it so richly deserves. Edith MacPherson Dickson was accorded the highest praise for her pioneer work in connection with Dominion registration. It must have been a profound satisfaction to both women to know that, thanks to their intelligence and skill, the issues (some of which were frankly controversial) were so ably and so fairly presented for discussion.

The quality of the debate was extremely good, but the ability of the presiding officer was extraordinary. As president of the Canadian Nurses Association, Ruby M. Simpson, O.B.E., gave a practical demonstration of what can be accomplished when issues of great importance are ably discussed under leadership of a very high order. Through six exact-



RUBY M. SIMPSON, O.B.E.

ing and difficult days she maintained her courtesy, firmness, and sense of humour. No matter how hot the debate, her fairness and impartiality were never in question. Her poise and dignity graced every social occasion and, in a word, she measured up to the requirements of the responsible position she holds.

Attendance

Every province in the Dominion was represented and every branch of nursing service was represented in full force. A specially pleasing feature was the atten-



EDITH MACPHERSON DICKSON

dance of a large number of student nurses. The actual registration was approximately seven hundred and the attendance outran even this figure. As usual, the section meetings were packed and the only complaint was that these were held concurrently and attendance at all three was therefore impossible.

British Columbia's Welcome

Too much praise cannot be given to the local committee on arrangements. Under the able leadership of Miss Kathleen Sanderson, ably seconded by Miss Cora Trethewey, the programme was carried on with that deceptive ease which masks effort of the sternest kind. The authorities of the Vancouver General Hospital and of St. Paul's Hospital dispensed gracious hospitality. The dinner given by the Registered Nurses Association of British Columbia in honour of the members of the executive committee of the Canadian Nurses Association was a delightfully informal occasion. Even the inevitable banquet turned out to be refreshing to the soul as well as to the body,

thanks to Professor Dilworth's happy excursion into the realms of poetry. Seldom have we seen so intent an audience—or heard such exquisite interpretation.

Nor were official greetings lacking in cordiality. Our own Dr. Weir represented the Government of the Province of British Columbia. His Worship the Mayor of Vancouver, Mr. Gerald McGeer, M.P., took time from his multifarious duties to greet us in his own inimitable fashion. Dr. R. H. Milburn represented the provincial medical association and Dean Turnbull spoke for the University of British Columbia. Last, but not least, Miss Grace M. Fairley, president of the Registered Nurses Association of British Columbia, bade us a hearty welcome. Her grace and charm went far to promote the spirit of happiness and mutual understanding so characteristic of this Biennial Meeting.

The note for the entire week was struck, for many of us, on the Sunday evening preceding it. A special service was held in Christ Church Cathedral at which a most inspiring sermon was preached by Dean Armitage. The benediction was given by the Bishop of New Westminster, the Reverend A. U. de Pencier, who within the last few days has lost, by death, his devoted and noble wife. Our respectful sympathy is extended to him in this sore bereavement.

Vancouver's Jubilee

The official celebration of the fiftieth birthday of the City of Vancouver synchronized with our meetings. There was therefore an atmosphere of gaiety, flags flying, bands playing, fountains throwing themselves into the cool, sparkling air. There was a lovely spontaneity about the whole thing that somehow rang true. The city was at its best — what more can one say? Yet one word must be said: *the flowers*. Fresh every morning they came, all dewy from the gardens where they grew. Roses and honeysuckle and syringa, magically replenished, thanks to nurses

whom one never saw or had an opportunity to thank. But we do thank them—and we thank Vancouver, too.

An Eventful Session

The opening session was full of interest for many reasons. It was upon that occasion that Dr. George M. Weir spoke of "The state of things to come in nursing." Here is what we may look forward to in 1950 if we are worthy of our destiny:

Many more public health nurses in outlying districts where there is a dire need for their services.

Every province divided into health districts chosen for economic and geographic advantages.

Nursing registries, enlarged and controlled chiefly by the Canadian Nurses Association, with the health departments of the Provinces exerting advisory influence.

School teachers, trained as nurses, giving instruction and teaching avoidance of communicable diseases.

More assumption of the responsibility for the training of the nurses by the State.

More careful selection of nurses from the point of view of personality, training, character, intelligence and vocational tendencies.

A much greater degree of socialization and development of initiative.

Communities trained to meet requirements of nurses and vice-versa.

Dominion leadership in an educational and advisory capacity, with federal grants and aid given conditionally.

The climax of the evening was reached when the awards of the Mary Agnes Snively Memorial Medals were made. Edith MacPherson Dickson was present to receive, in person, this well-deserved recognition of her life-work. Beautifully gowned, she presented a delightful picture and was given a rousing reception by the audience as she advanced toward the President of the Canadian Nurses Association who conferred upon her the highest honour within the gift of our national Association. Medals were also presented *in absentia* to Mabel F. Hersey, O.B.E., and Jean I. Gunn, O.B.E. Miss Hersey was represented by Miss E. Allder and Miss Gunn by Miss Nettie Fidler

both of whom made graceful acknowledgment on behalf of the recipients. A member of the large audience, not herself a nurse, made this discerning comment: "I have seldom seen so impressive a ceremony nor so distinguished a group of women." Miss Simpson's oration, dealing with the life and work of Miss Snively, was admirable and entirely worthy of the occasion.

Proceedings

As is usual, a good deal of time was devoted to receiving and hearing the reports of committees. Reference has already been made to two reports of outstanding interest, and there were many others. Most of these will appear in the *Journal* and will be commented upon in due course. In this issue will be found the report of the executive secretary of the Canadian Nurses Association, Miss Jean S. Wilson. This should be carefully



MARION LINDEBURGH

studied in relation to the proceedings at the Biennial Meeting for it supplies the key to much of the business which took place there.

The full text of the reports of the following committees is included in this issue:

Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association.

The Mary Agnes Snively Memorial Committee.

The Exchange of Nurses Committee.

The Committee on National Enrolment for nursing service in war or other disaster.

In this issue will also be found Miss Simpson's masterly presidential address entitled "Forward!" which not only recounts the victories already won but points toward those which must yet be gained if we are to attain our full stature as a profession.

Toward the end of the week, one entire afternoon was devoted to a symposium entitled "Nurses and Nursing." Among those contributing were Dr. A. K. Haywood, general superintendent, Vancouver General Hospital; Miss Elizabeth L. Smellie, C.B.E., chief superintendent, Victorian Order of Nurses for Canada, and Dr. R. G. Ferguson, M.B.E., Director of Medical Services and General Superintendent, Saskatchewan Anti-Tuberculosis League, Saskatchewan. All three addresses were extremely valuable and most carefully thought out and will be published in an early issue of the *Journal*. Dr. Haywood's exposition of nurses and nursing, as seen by a hospital administrator, tempered justice with mercy and was shot through with a refreshing humour. Dr. Ferguson gave a significant analysis of the inroads of tuberculosis among student nurses. Most careful attention should be given to the conditions described in this thoughtful and scholarly address, which is, in some sense, an indictment of schools of nursing. Miss Smellie contributed an eloquent plea for more emphasis on the preventive aspects of

nursing education but warned us against a blind dependence upon public health nursing organizations. She placed the responsibility where it belongs — upon the school of nursing. Each address was enhanced by the other two and they should be studied in relation to one another in order to get their full value.

At the evening session, as a fitting conclusion to the programme of the afternoon, came the masterly address, given by Miss Mary Beard, associate director of the International Health Division of the Rockefeller Foundation. Her topic was "Fundamental improvement in nursing education" and the *Journal* is to have the privilege of publishing its text in full. The mellow philosophy and the cultivated mind of the speaker were apparent in every sentence. Yet the general effect, as might have been expected, was that of simplicity and charm.

Discussion from the Floor

Reference has already been made to the high quality of the debate. Never at any previous Biennial Meeting have we heard such full and free discussion as took place at these meetings. Credit for this is due, in some measure, to those responsible for the formulation of the programme. Time is an essential factor and must be planned for in advance — and not only time: *timing* is equally essential. It was in this connection that the President displayed excellent judgment; the deliberate pause which allowed those participating to make up their minds as to what they were going to say, the absence of hurry, the determination that all should be heard — all these were of the essence of *timing*.

We must now interpolate "a sour note." This expressive bit of slang describes the solitary break in the otherwise perfect *rapport* between conductor and orchestra. We can best illustrate what we mean by describing an incident which occurred all too often. In a hall in which both acoustics and ventilation left

a good deal to be desired, Miss A. would rise to contribute to the discussion and after a few inaudible mumblings would be courteously entreated by the presiding officer as follows:

"Will you please come forward and give your name and that of the Province from which you come?"

Miss A. comes forward but has again to be requested to stand in the centre of the aisle so that she may be heard. She then proceeds to unburden her soul in a whisper, with her chin on her chest and her gaze fixed on the points of her pretty shoes. She still cannot be heard even at the press table ten feet away or by the distracted court stenographer. By some miracle, the weary, but still patient, presiding officer catches her general drift and interprets what she is saying. Usually it turns out to be something worthwhile which it would have been a pity to miss.

It is freely admitted that it is an ordeal to speak in public, even before a friendly audience. But having decided to do so, it is necessary to observe the rules of the game. It is inexcusable, even for the most timid, to fail to respect the expressed ruling of the chair with respect to taking the position from which one can be most easily heard. Neither is it unreasonable to expect that the first rule in public speaking should be observed by all. Here it is: raise your chin and speak to the back wall of the room. Once you have successfully passed this fiery test the rest is easier — for you and for your audience whose time you have no right to waste.

The value of any discussion depends upon its analytic quality. The capacity for critical analysis is possessed by relatively few persons and is not always appreciated at its full value by those who most benefit from it. Not every one realized how great a debt the Association owes in this connection to Mabel F. Gray, who accepted the difficult task of analyzing and integrating the discussion which centered about the highly controversial topic of Dominion registration. In this connection, as in several others, Miss Gray rendered most valuable service to all concerned by helping us to think

things through to a logical conclusion.

Community Relationships

It was apparent throughout the meeting that we are beginning to realize the importance of keeping in close touch with the community. Dr. Allon Peebles in his informative address on "Health insurance and nursing" pointed out the opportunities and the dangers with which we are confronted in this field. He approached the whole problem of state medicine from a different angle than did Dr. Weir and we were given warning that much remains to be done by way of careful study and sound planning if nursing is to take its proper part in any enterprise which may be undertaken by governmental authorities.

The Press

Any discussion of community relationships naturally suggests the public press. Here, too, there is need for a better understanding. The newspapers of this country are friendly towards nurses and nursing. They are ready to help us and to report our proceedings fairly. At a time when the ceremonies of the civic Jubilee had a first claim on space, the Vancouver papers gave excellent publicity to the Biennial Meeting. The editorial comment was friendly and rang true. We quote from *The Province*:

The profession of the nurse is part, and an increasingly important part, of the active practice of the science of health, and the demands it makes upon the knowledge and intelligence of its graduates are increasingly onerous. A competent trained nurse, nowadays, it is no extravagance to say, has to know considerably more about the treatment of sickness and disease than the very Galens of medicine knew only a few decades ago.

But nursing is something more, and perhaps, in its essential requirements, something better than a science. It is a very wonderful and admirable and infinitely valuable human art, and it is an art in which all that is supremely fine and gracious in the attributes of womanhood finds expression. The skill and faithfulness of the nurse, the woman nurse, the ministering servitor of the sick room, is the indispensable aid to the physician. It is right that she should sometimes receive the

public recognition which belongs to the faithful performance of her office, and this meeting of Canadian nurses here is Vancouver's opportunity to do no less than that.

Reference must now be made to the famous *Province* cartoon which portrayed eight of our national leaders. To say that these portraits were flattering would be an exaggeration—and yet the subjects of Jack Boothe's merciless caricature may justly be proud: he does not bother to draw nonentities. If you are chosen it means that you (and the group whom you represent) are quite definitely in the public eye. We can remember a day when a cartoon such as this would have led to alarms and excursions. All that happened this time was that one of the victims "warned" an editorial authority that a collection would probably be taken up to defray the costs of a suit for libel. His reply took the form of a witty defence claiming that there were no real grounds for legal action, and that even if there were it would be useless to bring suit: "Our cartoonist has already left town; we met him in Chilliwack yesterday—heading East." We have come of age, even in the newspapers, and have emerged from the relative obscurity of "social events" into the fierce light of the wide-open spaces. Incidentally, the original "cut" is in the possession of the editor of this *Journal*. If at any time the renewal of the subscription, payable by any of the nurses concerned, fails to arrive promptly the following cryptic message will be sent to them: "Remit—or we publish." Yes, we have an accomplice who can isolate backsliders from the group as a whole. What a weapon!

As Others Saw Us

Our editorial ear is always alert to hear comments, critical and otherwise. One chambermaid said we were "nice, clean, quiet ladies. You ought to see the rooms we have to clean up sometimes." We said we could imagine what the rooms were like, having occasionally cleaned up the people who occupied them.

One elderly elevator attendant wanted to know "why some of them were always backing up to let others get in ahead of them." We explained the influence of seniority and a strict head nurse. "Well," he said meditatively, "perhaps it's all right—but it does slow up the service." A benevolent but harassed waiter said that room service had never had so many demands for breakfast at seven in the morning. "It fair took us off our feet," said he; "the head waiter should have been warned about it." He further deplored the tendency of some of our officers to subsist on a diet of tea and sandwiches. "The men don't do that," he complained; "you ought to take a leaf out of their book." Yet even he had a good word: "nice, sensible lot on the whole," said he, as he carried off the grisly remains of our chicken sandwich of the night before.

Honourable Mention

Reference has already been made to the efficient work of the arrangements committee but a special word of appreciation is certainly due to the following nurses. Miss Aletha MacLellan and Miss Mary Campbell presided over the registration desk with courtesy and despatch. Mrs. Rae Gordon personified "information." Miss Mary Ewart directed traffic operations and "courtesy cars" sprung up by magic. Miss Helen Randal was busy with so many details that she plaintively said that she "hadn't even time to attend the meetings." However she did manage in between times to make some excellent contributions to the discussions. Mrs. E. D. Carder was responsible for arranging the delightful reception, tendered by the Registered Nurses Association of British Columbia. Mrs. Wisher was the convener of the committee which directed the banquet on Tuesday evening. Miss Winnifred Cooke, of the Provincial Royal Jubilee Hospital, deserves great credit for the admirable professional exhibit which proved to be so interesting a

feature of the exhibit. We are sadly aware that we have not named all who contributed to our welfare and happiness. Additions to the list will be in order.

Welcome Visitors

Several of our most distinguished American colleagues honoured us with their presence, and contributed informally to our programme. Miss Effie Taylor, Dean of the School of Nursing of Yale University, and Miss Stella Goostray, secretary of the National League of Nursing Education, both gave us a vivid glimpse of what took place at the meetings of the American Nurses Association and of the League. Miss E. M. Lawler, superintendent of nurses in Johns Hopkins Hospi-

tal, also renewed her many Canadian friendships. Miss Beard is a confirmed internationalist so we need not mention her here.

What Remains?

The Biennial Meeting is over — but much remains. Its full effect is not yet apparent nor can it be for some time to come. It has left all of us many happy memories. It has brought new courage and inspiration to many of us. To a few it was a highly significant occasion: *we have come of age*. The responsibilities and the privileges of maturity are laid upon us and we must accept them. The watchword of our President is "Forward!"

ANNUAL MEETING IN ALBERTA

The annual meeting of the Alberta Association of Registered Nurses took place in Calgary from June 22 to 24 inclusive. The occasion marked the twentieth anniversary of the Association and due emphasis was placed on

this happy circumstance in the official programme. Miss Eleanor McPhedran, who has herself made such a fine contribution to the building up of the Association, presented an excellent paper dealing with its history. The



Some of the nurses who attended the annual meeting of the Alberta Association of Registered Nurses.

official reports showed considerable activity on the part of the various committees and the meetings of the three sections were full of interest. The mornings were devoted to a refresher course which comprised four lectures dealing with teaching and supervision given by Miss Marion Lindeburgh, director of the School for Graduate Nurses of McGill University. Miss Elizabeth Smith, director of health activities in the Provincial Normal School at Moose Jaw, gave a vivid description of her experiences as a Florence Nightingale International Student both in England and on the Continent. Two of her lectures dealt with school health education and maternal and

child welfare. Recent trends in private duty nursing were discussed by Miss E. Johns.

A visit to the Central Alberta Sanatorium proved to be both pleasant and instructive. A number of extremely interesting demonstrations had been arranged for the benefit of the visitors who were afterwards entertained at tea in the beautiful grounds.

The attendance was very good and a number of nurses who were on their way to the Biennial Meeting of the Canadian Nurses Association helped to swell the total. The accompanying photograph shows some of those who registered for the refresher course grouped around the president, Miss F. Munroe.



A TRAVELLING DENTAL CLINIC

W. S. CALDWELL, M.D., Assistant Director, Ontario Division of the Canadian Red Cross Society.

At the time of the Haileybury fire some years ago, the Northern Ontario Relief Commission was formed to administer the fund raised for relief of the burned-out area. The fund having been not completely exhausted, the Commission has continued to provide various medical and relief services to the people of the north country. An outstanding feature of this service has been the Travelling Dental Clinic. Planned to serve the outlying communities, particularly those distant from the railway, the clinic took the form of a motor coach. A special body on a Ford truck chassis was fitted out with complete dental equipment, including running water, sleeping accommodation and kitchenette. With this home and office on wheels, Dr. B. L. Washburn has travelled over all parts of Northern Ontario bringing dental services to thousands of frontier people to whom, in most instances, no other dental services were available. During the winter months, the service has been continued by setting up the equipment in temporary local quarters.

For nearly a year, the clinic coach has been nominally the property of the Canadian Red Cross Society, but in October, 1935, complete administration of the travelling dental clinic was assumed by the Ontario Division and made part of the Outpost Service. As a full-fledged member of the outpost family, the Outpost Dental Coach may now be considered the little brother of the Outpost Hospital Car.

In undertaking this service, the Red Cross desires to co-operate to the fullest with the local dentists. Parent consent cards, duly signed by the parents, are requested, and these are screened by a local committee among whose members, when possible, is the local dentist. All children are examined; but only those unable to pay are treated. Interested citizens in outlying parts of the province, especially if distant from a dentist or in areas of unusual poverty, are invited to address requests for this service to Outpost Dental Service, Canadian Red Cross Society, Ontario Division, 621 Jarvis Street, Toronto 5, Ontario.

THE EDITOR'S DESK

Explanation

We are painfully aware that the pages in this issue of the *Journal* for which the editor is personally responsible leave a good deal to be desired. Breathless and jerky sentences abound, but when due consideration is given to the environment in which they were written perhaps our readers will not be too severe. They were composed while travelling across Canada in what we once described as "a sizzling tin oven." No, we did not manage to get accommodation in air-conditioned luxury; we took what we could get. Haunted by the ghost of a rapidly approaching "dead-line" we wrestled with the Muse at a temperature of 106° Fahrenheit—an atmosphere not conducive to journalistic effort or to literary charm.

Reporting the Biennial

This *Journal* contains, among other and better things, a running description of the Biennial Meeting. This is in no sense a report of official action but is simply what reporters call a "news story." In the September issue, the verbatim text of the resolutions adopted at the Biennial Meeting will appear under the caption of *Notes from the National Office*. The leading article, written by the President of the Canadian Nurses Association, will deal with these resolutions and will explain their general import. In due course many of the reports and most of the addresses presented at the meeting will be published in full.

As our leading article we present the masterly address delivered at the Biennial Meeting by the President of the Canadian Nurses Association, Miss Ruby M. Simpson, and we take this opportunity of congratulating her on her re-election to the presidency, by acclamation.

It will be noted that our story makes no reference to *The Canadian Nurse* as "she" appeared at the Biennial Meeting. The restraint thus imposed has been hard

on us but we are consoled by the prospect of coming out in a blaze of glory in September. All we can say here is: *Did you see our booth?*

Readers' Guide

Calling all delegates! In preparing your report be sure to give careful study to the entire content of *Notes from the National Office*. Some important material appears under that caption. Δ What is generalized public health nursing? No one knows better than Jessie Y. Farquharson. Read what she has to say about it. Δ At the Biennial Meeting, Miss E. Frances Upton made a strong plea for the building up of registries. Her views are shared by Kathleen McCallum, herself a private duty nurse.

Sanctuary

All good things come to an end—even the meetings of the Canadian Nurses Association and Sunday morning brought a scattering of the clans. The captains and the kings departed. We woke with a sigh of relief to find a gentle rain descending—the Vancouver variety which does not wet you. All week long we had had a secret tryst with some very old friends. To all other hospitable offers we had turned a deaf ear. We knew where we were going and were soon on our way.

At the portals of Stanley Park we invested in a ham sandwich and a chocolate bar. We then made a bee-line for a pathway of which we remembered every turning though we had not trodden it for ten long years. It leads to a sanctuary where dwell the great trees—centuries old. There was a lovely and a healing silence broken only once or twice by the song of a bird. We remembered then the truth that Professor Dilworth had told us: that there are moods which can only be expressed in terms of great poetry. Herbert Trench has this to say of "Friendly Trees":

O dreamy, gloomy, friendly trees,
 I come along your narrow track
 To bring my gifts unto your knees,
 And gifts did you bring back;
 For when I brought this heart that burns
 These thoughts that bitterly repine
 And laid them here among the ferns
 And the hum of boughs divine,
 Ye, vastest breathers of the air,
 Shook down with slow and mighty
 poise,
 Your coolness on the human care,
 Your wonder on its toys;
 Your greenness on the heart's despair,
 Your darkness on its noise.

After we had listened to the counsel of the trees we went on to Second Beach. It was low tide and our favourite rock (the one with a back to lean against) was high and fairly dry. As we consumed our frugal repast we looked about for other old friends and, all of a sudden, one of them suddenly appeared. He is an elderly

crow who, for many years, has maintained a querulous friendship with a melancholy gull. When we lived in Vancouver they used to scuttle along the water's edge together, looking for succulent morsels. With an expectant eye on the crumbs of our sandwich, the crow hopped nearer. We thought we saw a gleam of recognition in his cynical eye but, having snapped up the last almond of our chocolate bar, he continued to gaze wistfully out to sea. No gull. We were afraid to ask any questions. One never knows. At last, to our relief, there came a flash of wings and a thin eldritch scream. It was the gull, his gull, our gull.

Drowsing in the watery sunlight, we listened to their profane and vituperative conversation until the tide invaded our resting place. Presently the rain began to fall again and we tramped home, alone, beneath the friendly trees. *Sanctuary.*

A RECENT APPOINTMENT

The School of Nursing of the University of Toronto has announced an addition to staff in the person of Miss Nettie D. Fidler, Director of Nursing of the Toronto Psychiatric Hospital. In Miss Fidler this new school receives a nurse who has had an unusually broad experience and also one who has taken an active part in the work of our professional organizations. Having received the general training in the nursing school of the Toronto General Hospital, Miss Fidler filled, in turn, the positions of head nurse and night supervisor in that same hospital during a period of five and a half years. After that she enjoyed a year of postgraduate study, in teaching and administration, in the School for Graduate Nurses of McGill University and then returned to the Toronto General Hospital as instructor in its nursing school, and continued that work until

she resigned to take charge of the nursing service at the Toronto Psychiatric Hospital in March, 1931. Since then Miss Fidler has had extensive experience with the Ontario Mental Hospitals, both in Toronto and in Whitby, having been transferred from one to the other of these two institutions and serving both in the capacity of superintendent of nurses. These institutions have had much to do with general training courses for nurses and also with specialized postgraduate courses and in all of this work Miss Fidler has had to give leadership. Thus her experience both in hospital work itself, and in the field of nursing education, has been of an unusually interesting nature. Miss Fidler brings to her new task a quality of ability, evidenced throughout her entire hospital experience, which will augment and enrich the staff of this experimental School.

Department of Public Health Nursing

GENERALIZED PUBLIC HEALTH NURSING

JESSIE Y. FARQUHARSON, Public Health Nurse, East York Township, Ont.

The township of East York is a municipality adjacent to Toronto, having a population of 37,500 inhabitants. A generalized public health nursing service is given by four municipal nurses under the general direction of the Medical Officer of Health. These nurses are responsible for special physical inspection in the schools. The township is also served by five members of the staff of the local branch of the Victorian Order of Nurses. Experience as a municipal nurse in this community has prompted the ideas and suggestions which follow.

Publicity

Although a nurse may have worked in a community for some time, there may be people who do not avail themselves of her services because they do not know the scope of her work. Municipal nurses might well follow the example of the Victorian Order by requesting their boards to make public each year, a statement of their objectives and the actual services rendered. The local papers are a good medium for putting this information before the public. The nurse should utilize all opportunities to speak to parents' or teachers' groups, to taxpayers and to philanthropic organizations. By meeting these groups, she will get the layman's point of view and it will thus be easier for her to get material help such as extra milk, glasses, and so on for the underprivileged.

Co-operation

In carrying out every health programme, there may be wasted effort and some duplication of service. How can we best avoid this and save both time and energy? The nurse works with many people—teachers, pupils, social workers

—all of whom should have mutual respect for the other's time. When general practitioners offer volunteer service we should be lenient if they keep us waiting occasionally; but when they are employed to do regular work on a remunerative basis they should respect the nurse's time. When the public knows what the nurse does and when and where she may be found, we expect its members to take an active part in the health programme and to come to the nurse on their own initiative. The nurse will save time by making more appointments for parents in her office, thus reducing the number of home visits; the parents come in a more receptive frame of mind, and it is easier for the nurse to discuss hygiene and demonstrate suspected defects in the school. When the pre-school child is invited to come too, the whole family can be surveyed.

In school work, there should be more economy of effort in selecting children with suspected defects and those who are below par. Every effort should be made to encourage teachers to report these children without having them wait too long for routine inspection. Many defects in vision, especially in the second and third classes, can be reported by observant teachers and we should continually help them to be on the alert. The nurse should speak occasionally at teachers' meetings, stating what symptoms and abnormalities they may find and demonstrating where advisable. Individual instructions may be given as required, especially to young teachers. It is profitable to demonstrate vision or hearing tests to them when a child is having difficulty. The daily classroom inspection by the teacher is a great help, particularly in

(Presented at the annual meeting of the Registered Nurses Association of Ontario, April 17, 1936.)

the early recognition of skin and other communicable diseases.

In order to see how her recommendations turn out, and to maintain a sane and practical attitude toward her work, the nurse needs to keep in touch with the general practitioner and all curative agencies. For the more specialized forms of her work, interviews with the various local specialists (as well as the family doctor) will help. The best methods of selecting children having difficulty with vision and hearing or nose and throat trouble may be learned from them, and the tuberculosis programme discussed with the chest man and the family doctor. Interviews of this kind will result in a better choice of patients, clinics will be purged of unnecessary cases and more intelligent supervision given to borderline cases.

Getting Action

Have we adequate means of treatment to carry out our recommendations? A controller in a Canadian city is reported as saying: "We have too many inspection centres and not enough facilities in the way of treatment. We have heard of waiting lists of children who need their tonsils removed; they are given a card to that effect and that is the end of it." Maybe our controller is a little prejudiced. But is it not true that we see these children being passed on from the school doctor or nurse to the family doctor until, after several conferences with each of these, the child finally reaches the third agency — that of the treatment clinic where he is put down as an urgent case and waits a year or more for tonsillectomy? Surely the cost of all these inspections and conferences is very high and if, from the standpoint of economics, treatment were possible for all, there would be a great increase in the number of parents applying for it and a decreasing need for inspections in the school.

The "National Health Review" gives a report on a two-year study of medical in-

spection in an American city. It says: "The available corrective facilities should determine the standard for a defect. The needs of the moment are not for more children to be examined, or for more frequent examinations, but for a more discriminative choice of cases in such volume as to supply comfortably and not overload present corrective facilities." The directors of the study deplored the fact that tonsillectomy is so frequently advised without an adequate history of the case having been obtained.

Doctor and Nurse

How can clinic doctors help the nurse to do good follow-up work? A nurse's time is poorly spent if she tries to do it with insufficient information. She must know the condition from which the patient suffers and the recommendations of the physician. This information is usually passed on to the nurse from the doctor's history notes. If he has modified his instructions verbally, and not in writing, the nurse will be handicapped in her supervision. Too many reports should not be expected, but a few concise and comprehensive notes are of great value. In our overcrowded clinics it is marvellous what excellent work the doctors accomplish; however, for our follow-up work, we might educate them to be more "nursing-minded." A report of a bronchiectasis case telling the nurse that there are some râles in the chest will not aid in supervision; but the doctors who write instructions for postural drainage, the amount of rest necessary and a recommendation to keep the child from school for a period, gives the greatest assistance. Should these orders be given verbally, the nurse will hear them only as interpreted by the mother. In tuberculosis work the nurse needs a definite diagnosis, stating the nature and extent of the disease (minimal, quiescent, arrested, etc.) and sufficient information to understand in a general way the patient's condition. The doctor who records the definite instruc-

tions he has given the patient, especially regarding the amount of rest, gives the nurse a firm hand over the patient and may expect intelligent supervision.

Smaller clinics, with more time per patient, would be better. Already there is a movement to use clinics more for consultation purposes. Would it not help all who serve the clinic patients if the clinic doctors and nurses met the field group to discuss mutual problems?

Work with the Hospital

How can district nurses and hospital staff work together? We hear a great deal about the high cost of hospitalization. Paying patients may wish to leave the hospital early and call in a visiting nurse at home. Municipal order patients present a more difficult problem, not always of a nursing nature. The intelligent discharge of a patient is very important, particularly if he goes home needing nursing care. Verbal and written instructions are necessary. Diet should be stressed and the dietitian should see the patient or his parents. The parents of a child will desire to see the doctor in order to learn the condition of the patient and the necessary home care. As nurses, we may see other demands more clearly than our own and so overlook the need of demonstrating nursing care when certain chronic or convalescent patients are discharged. Hospitals may count too much on the public health nurse because they do not realize how long an interval may elapse before she can see the patient. If the patient lives outside of the municipality in which the hospital is situated it may be some time before the nurse even hears of

the discharge. One superintendent of a hospital, when a small hernia patient is discharged to a good home while still in his box splint, has the nurse who discharged him demonstrate the nursing care to his mother and asks the mother to apply to the public health nurse for nursing supervision. A few minutes spent in explanation or simple demonstration will frequently remove fear and give the parent confidence. Could not hospital staff and district nurses send representatives to each others' meetings so that they might discuss these mutual problems?

The Future

How does the present relief system in Ontario affect the public health nurse? The relief doctor is called to all illness, including minor communicable diseases. Formerly, the nurse hunted up the latter, reporting them to the Medical Officer of Health. She is no longer called to see "if the child is sick enough to have a doctor." The doctor has already seen all the troublesome tonsils and in some cases has begun immunization in the homes. This work properly belongs to the doctor and relieves the nurse. Yet we are busier than ever because the public are more interested in healthful ways of living and request our help in securing treatment. One medical officer of health has prophesied great modifications in school examinations and other forms of public health work when medical services become available to all. Public health nursing is bound up closely with the public health system. Let us watch and plan so that the nurse's position in any new order will be adequately and wisely worked out.

POSITIONS AVAILABLE

The Medicine Hat General Hospital (140 beds) requires the services of a qualified Instructress of Nurses and also a qualified Maternity Supervisor.

Communicate with the Superintendent of Nurses stating qualifications and experience, addressing her at the Medicine Hat General Hospital, Medicine Hat, Alberta.

Department of Private Duty Nursing

BUILDING UP A REGISTRY

KATHLEEN McCALLUM, Private Duty Nurse, Winnipeg, Man.

The Community Nursing Bureau (as it will be some day) is a vast change to what the majority of our registries are today. All progress is slow and before our goal is reached many careful steps must be taken. As a beginning, all nurses, all doctors, the hospital and the entire community should be made "registry conscious" and kept so.

We should start with the undergraduate group; all graduating classes in local hospitals should see and hear the registrar personally, and be given whatever cards or leaflets the registry is using for publicity among its members. Every new applicant should know the registry as an organization, the purpose of which is to reach everyone in the community who needs a nurse. She should see her own work not as an individualized routine of taking cases and leaving them, but as part of a community project in which the key position is her own. In order to keep in touch with registrants, the registry should hold regular meetings for the discussion of the problems of both sides.

Every doctor in the territory covered by the registry should know just what it can do for him and for the community. He should know what the problems and difficulties of the registry are and should feel that the registry needs and appreciates his co-operation. If you can convince him that the registry can give him the service he wants he will use it and be enrolled among its supporters. Not only should the available services be pointed out to him but he should be constantly reminded of them. A meeting with the secretary of the provincial medical association is a good beginning; blotters could be sent out monthly and stickers to be posted on the front of the telephone di-

rectory. An occasional letter and a copy of the rules and regulations of the registry will keep him interested. Never should he be allowed to forget that the registry exists and is of service to him.

In dealing with hospitals the problem is somewhat different. The registry is often the only link between the private duty nurse and the hospital and is given the blame for much over which it has no control. Hospital executives have a very faint idea of how a registry is operated, and were they to take the time to visit the registry office to observe how the work is done many difficulties could soon be eliminated. The long familiar call: "Miss Jones, will you go to the General Hospital at 8 p.m." is most inadequate. If, by means of co-operation between the hospital and the registry, more information could be given when calling a nurse it would undoubtedly be an advantage to the patient, the hospital and the nurse. The surgical patient would much less frequently be forced to employ a postgraduate obstetrical nurse, and the surgical nurse would have less obstetrical nursing to do.

The hospital should be approached in the friendliest spirit. Hospital boards should know what is going on in the registry world of today and the head of the registry should get permission to appear, annually if possible, before its board. Every non-medical member of the hospital administrative staff should know all about the registry, since busy doctors sometimes need reminding. For continued contact and co-operation the hospital should at all times be kept "registry conscious." The community should know of the agency through which adequate scientific nursing may be secured. If all nurses,

all doctors and all hospital administrators know of its existence and tell their friends, a good start has been made in the community.

Naturally any member of the community is most susceptible to nursing information when in direct contact with it; this makes the nurses, or members of the registry its best publicity agents. It is easy for the nurse to tell the family what it means to be a registered nurse, how the registry works for the public good, what the hourly service is, and what the registry hopes to do for the community. Some registries send a leaflet or personal letter to a family, where a nurse has been supplied, on the day of her arrival, stressing the vital necessity of securing the services of a competent registered nurse and explaining her place in the home. All this helps the family in understanding and appreciating both the nurse and the registry and through the family this information is passed on to friends.

The press is another means of reaching the community and frequent short items are more effective than one long article. Repetition is necessary in publicity and short items should also be sent to different clubs and organizations. In the office of the registry there should be a carefully prepared classified list including nurses who speak one or more foreign languages, or who have taken postgraduate courses. Preferences on the part of a nurse should not be ignored. Upon applying for membership each registrant should be asked for a passport picture and it is essential that those in charge of the registry should have sufficient information concerning each individual registrant in order that the needs of the community can be met.

The first step toward our ultimate goal seems to be: *make the registry, its aims, services and purpose known to all the nurses, all the doctors and the whole community.*



NIGHTINGALE MEMORIAL FUND

Contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Lamont Public Hospital	\$ 10.00
Student Government Association, Royal Alexandra Hospital, Edmonton..	15.00
Calgary Graduate Nurses Association.	10.00
Married Nurses in Edmonton	1.50

Manitoba

Nursing Staff, Winnipeg Public Schools	2.25
Social Service Department, Winnipeg General Hospital	1.00
Student Nurses, Winnipeg General Hospital	5.00
Staff, St. Boniface Hospital	2.00

Nova Scotia

Cape Breton and Victoria County Branch, R.N.A.N.S.	10.00
Staff, Highland View Hospital, Amherst	5.00
Halifax Branch, Victorian Order of Nurses	2.00

Ontario

A.A., Women's College Hospital, Toronto	5.00
Student Government, Training School for Nurses, Toronto General Hospital	127.00

Quebec

Staff, Shriners Hospital, Montreal ..	4.00
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A GLORIOUS JUBILEE

JEAN MASTEN, Hospital for Sick Children, Toronto.

The Training School of the Hospital for Sick Children this year celebrated its fiftieth anniversary. This linking up of the old days and the present was very happily accomplished during the three-day celebrations by the presence of two of the former superintendents and of the first graduate. Mrs. Grant, who as Miss Cody, a graduate of the Toronto General Hospital, was the first superintendent and founder of the Training School; Mrs. Goodson, who as Miss Brent, embodied the spirit of the Hospital for Sick Children for both doctors and nurses for so many years; and Miss Josephine Hamilton, who finished her two-year course in 1888 and has continuously practised her profession from that day to this.

Regrets, of course, there had to be for the absence of many who have helped to build up the School. First and foremost, Mr. John Ross Robertson, to whose affectionate interest and energy we owe so very much; Miss Kinder, first full-time instructor of the School, and for eight years assistant-superintendent, was in Vancouver. Miss Potts, who succeeded Miss Brent as superintendent, was unable to be present owing to ill-health; both her "own" nurses and those who have had the privilege of meeting her since she resigned, regretted her absence; and Miss Pantton, Miss Potts' successor as Superintendent of Nurses, was also unfortunately absent in Vancouver. But many graduates returned who had not seen the hospital for years, and had never seen the Country Branch. Married members deserted their families for three days to rejoin old friends. Busy nurses from many parts of Canada and the United States arranged to be present, among whom it was a pleasure to see Miss Lillie A. Bennett, superintendent of nurses, Yonkers General Hospital, Yonkers, U.S.A.; Miss Gertrude Spanner, superintendent, Alameda Sanatorium, Alameda, California, and Miss Cordelia Hoefflin, director of nursing, Indiana State University Hospital, Indianapolis, U.S.A.

The reunion opened under the auspices of the Alumnae Association, with the annual dinner for the graduating class. This occasion was marked by the presence of the heads of the services in the hospital, the Dean of the Faculty of Medicine, the chairman of the Board, and the superintendent of the hospital. These included Dr. and Mrs. Alan Brown, Dr. and Mrs. D. E. Robertson, Dr. and Mrs. Robson, Dr. and Mrs. Harold Parsons, Dr. and Mrs. D. E. S. Wishart, Dr. Canfield, Dean and Mrs. Gallie, Mr. and Mrs. R. A. Laidlaw, and Mr. and Mrs. Bower. The menus

showed sketches of nurses in the original and present uniforms. Two hundred guests were present. Mrs. Russell, president of the Alumnae Association, presided and in a most interesting speech, she traced the development of the Alumnae Association from its inception in 1903 to the present day. Various activities have sprung up in connection with the Association: The Heather Club, which for twenty-seven years has done so much for underprivileged children on their discharge from hospital, and the Welfare Association which meets to make garments for distribution by the Hospital Social Service. Following her speech, Mrs. Russell presented to Miss Hamilton, on behalf of the Alumnae Association, a brooch inscribed with the dates 1888 and 1936.

Mrs. James, in a witty speech, proposed the toast to the graduating class. The toast to the School was proposed by its loyal friend, Dr. Harold Parsons. He recalled the early days at Lakeside, and the readiness with which Mr. John Ross Robertson acted on any suggestion that would promote the welfare and advancement of nursing. He paid a great tribute to the women who have moulded and developed the School, and to the influence of the nurses on the children who enter the wards. To most of those who have worked with Dr. Parsons, a little shadow sat beside his chair: the faithful "Ginger", whose obituary notice recently appeared, no longer makes ward rounds with his master. Miss Austin responded to the toast to the School, and said that she was sure that the graduates of 1936 would be worthy of their heritage.

Dr. Canfield then spoke on the life of the old days in hospital. He recalled the terrifying experiences of the new internes "who did not know one side of a baby from the other," and were thankful for an understanding head nurse. Many dark references were made to mysterious "goings-on"; Miss Brent's rounds were carefully timed by internes and nurses, a fact of which, like most things, she was fully aware. Dr. Canfield and Miss Kinder taught the nurses and he felt that, between them, they made a very good job of it.

At this point the graduating class, who had spent the interval before dinner surrounding Dr. Robertson, asked that he should speak. For all felt that over and above the celebrations for the fiftieth anniversary, the occasion was the first real opportunity many had had to welcome home the surgeon-in-chief. So Dr. Robertson did speak, and gave all present a thrill. By this time it was impossible for Dr. Gallie and Dr. Alan Brown to escape. The

former said he had listened with some disquiet to his contemporary, Dr. Canfield, refer to so many dark happenings during their interrelationship. For himself, he had forgotten them if they ever existed, and in any case his interest had, of course, been entirely in his work, and not in the nursing staff. Dr. Alan Brown rose to claim his rightful place as definitely junior to these people who spoke so familiarly of such early times. It is impossible in a series of dry sentences, to convey the spirit of such an evening; the intimate tie that binds all those who have worked together in a common interest; the family jokes shared by everyone in the clan, and the scene of loyalty and interdependence among the different groups forming the whole.

On the afternoon of June 9 the Board of Trustees gave a garden party at Thistle town, for the graduates, the staff, and the many friends of the Hospital. The guests were received by Mr. and Mrs. R. A. Laidlaw, Mr. and Mrs. J. H. W. Bower and Miss P. Beatrice Austin. Tea was served by nurses wearing the hospital uniform in all its stages. The earliest one was especially admired, with its adornments of crisp white organdy fichu, organdy cap, rather like a birdcage, and neat black pincushion hanging from the waist. The dog collars worn by the "pinks" caused many a nurse of today to think gratefully of her Eton collars: not always as kind to the neck as could be desired, but surely better than that iron band. The graduates who remember Lakeside and regret its passing, must surely that day have felt that Thistle town too has a charm of its own, and can show as many happy children with rosy tanned faces as did the earlier Country Branch.

Finally, on June 10, came the graduation exercises. As in other years, the same crisp, shining procession wound its way from the Residence through Queen's Park to Convocation Hall. Again the traffic was held by up by police on motor-cycles; perhaps a faint echo of that grand annual procession of patients and nurses from College Street to the Docks that heralded the great exodus to Lakeside in the old days. At any rate, even today there are admiring groups of ex-patients and near neighbours to the south, along the route. The programme was presided over by Mr. H. H. Williams, now the honorary, but for many years the active, chairman of the Board of Trustees. Miss Austin, in presenting her report, gave a brief account of the history of the School, and described the adjustments that each year demands to meet the increasing work, and to give the students the fullest training.

The speaker of the evening was His Honour the Lieutenant-Governor of Ontario. Dr. Bruce paid such discerning tributes to the Hospital as are only possible to one who has himself spent his professional life on wards and in operating theatres. It was a great honour on such an occasion to be addressed by the Lieutenant-Governor of the Province. The nurses were privileged to receive their diplomas from Mrs. Grant and Mrs. Goodson, to whom all the graduates of the Hospital, that evening numbering 870, owe so much.

Every graduate must have carried away with her a renewed sense of *esprit de corps*, and a grateful realization of the truth of Dr. Gallie's remarks, when he said that this Hospital is fortunate in the traditions that it is establishing, and in the privileges it has enjoyed.

"THE WHITE ANGEL"

Before its release to the general public, a pre-view was arranged in Toronto of the film, entitled "The White Angel" and dealing with the life of Florence Nightingale. It is satisfying to be assured that this picture play is worthy of its subject and that the producers, Warner Brothers, deserve the grateful appreciation of the nursing profession. In addition to the officers of the Canadian Red Cross Society, several representative Canadian nurses were present including Miss F. H. M. Emory, Miss Nora Moore, Miss Edna Moore, Miss P. B. Austin, Miss R. E. Hamilton and Miss Hen-

derson. These nurses gave it their unqualified approval. It is interesting to note that the American Nurses Association has formally approved the film and has sent word out to its various organizations to that effect. These are the words of endorsement given by Mr. Norman Sommerville, chairman of the Canadian Red Cross Society: "To those who love and admire Florence Nightingale, to those who appreciate the work of the professional nurse in caring for the sick and wounded in times of peace and of war, I strongly recommend this picture."

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The General Meeting

The recent General Meeting of the Canadian Nurses Association in Vancouver was adjourned just before this number of the *Journal* went to press; consequently, in this issue it is possible to announce only the results of the election of officers and to publish the report of the Executive Secretary as presented at the General Meeting.

Election of Officers

The election of officers at the General Meeting resulted in a return of each officer who served during the period 1934-1936. The re-elected officers are: President, Miss R. M. Simpson, Parliament Buildings, Regina, Sask.; First Vice-President, Miss G. M. Fairley, General Hospital, Vancouver, B.C.; Second Vice-President, Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.; Honorary Secretary, Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.; Honorary Treasurer, Miss M. Murdoch, General Hos-

pital, Saint John, N.B.; Chairmen of Sections: Nursing Education, Miss M. Lindeburgh, McGill University, Montreal, P.Q.; Public Health, Miss A. E. Wells, Legislative Buildings, Winnipeg, Man.; Private Duty, Miss J. L. Church, 120 Strathcona Ave., Ottawa, Ont. Miss Lindeburgh and Miss Wells were re-elected for a second two-year period. Miss Church has been acting chairman of the Private Duty Section from October 1, 1935.

The New Curriculum

Copies of "A Proposed Curriculum for Schools of Nursing in Canada," as prepared by the Curriculum Committee of the Nursing Education Section of the Canadian Nurses Association, can be obtained at the National Office, Suite 401, 1411 Crescent Street, Montreal, Que. The price per copy is one dollar. Orders should be sent, as soon as possible, to the Executive Secretary of the Canadian Nurses Association.

REPORT OF THE EXECUTIVE SECRETARY

I have the honour to present the seventh biennial report as Executive Secretary of the Canadian Nurses Association.

Executive Committee

During the interval between general meetings, the business of the Association becomes the responsibility of the Executive Committee. This Committee consists of forty-four members of whom five are officers, three are chairmen of sections and thirty-six are Councillors. The Councillors represent the nine Provincial Associations of Registered Nurses, which, in federation, comprise the national organization. As a result of elections in Provincial Associations, sixty-eight individual members have served as Councillors during the biennial period under

review. It has become customary for Executive Meetings to be held quarterly, generally in the city in which the President resides. Due to the time and expense involved in travelling, attendance at meetings usually is limited to five or six members. To each meeting are submitted detailed reports from the Executive Secretary, the editor and business manager of *The Canadian Nurse*, and from standing and special committees, national sections and Provincial Associations. The minutes of all meetings are recorded in detail and copies sent to each member of the Executive Committee. Also, as occasion arises, a copy of reports of moment are mailed to these members. By this procedure, now that the chairmen of the provincial sections are members of their

executive committees or are invited to attend meetings of the latter, the federated units, through their executive bodies, are supplied the means by which they may keep themselves informed of their national organization.

Special Committees

While the Executive Committee is responsible for the business of the Association during the biennial period between general meetings, professional organization projects and problems that require study and development or clarification are delegated to special committees. During the past biennial period fifteen special committees functioned in the interests of the national organization. Reports from these committees will be received at later sessions. In so far as is convenient to the conveners of these committees, stenographic work arising from their activities receives attention at National Office. Demands for this service are increasing annually, and similarly, the amount of time, stationery supplies and postage charges.

Study of Nursing Costs

A resolution passed at the General Meeting in 1934 read: "That the Canadian Nurses Association continue to urge that every hospital with a school of nursing undertake a definite study of nursing costs in its own institution, in order that the cost of nursing education and nursing service may be separated and compared, and that leadership in the study be given through the national and provincial Joint Study Committees." A copy of this resolution was to be sent to the superintendents and superintendents of nurses of all hospitals with schools of nursing and to the various hospital associations in Canada. Preparatory to distribution and due to the scarcity of printed material on nursing costs in hospitals, a paper entitled "The budget system" by Miss M. F. Hersey (1932) was reprinted and a copy enclosed with the letter containing the resolution. This material was mailed to 350 hospital superintendents and superintendents of schools of nursing

and to fourteen hospital associations. All members of the National Joint Study Committee and the conveners of the Provincial Joint Study Committees received copies of the letter and pamphlet.

A similar request was made to hospitals with schools of nursing following the General Meeting in 1932. It is anticipated that from reports which are to be presented at later sessions announcement will be made of developments arising from these requests of a study of nursing costs.

History of Nursing

At the General Meeting in 1934, it was decided that the report of the History of Nursing committee (1932-1934) be tabled, the matter to be reopened at a later date but not at that General Meeting. The Executive Committee in meeting on March 8, 1936, gave consideration to the foregoing action and decided that the question of the preparation of a History of Nursing in Canada be not reopened in 1936 but that it be discussed in Executive during the year 1937 with a view to its presentation at the General Meeting in 1938.

Provincial Associations

It is gratifying to report that the total membership of the nine federated units has increased 16 per cent in the two-year period. The present membership is 11,947. Later, an outline of the activities for the biennial period will be submitted by each Provincial Association; also, the results of certain studies will be reported. Following the General Meeting in 1934, each Provincial Association was asked to study and take action toward establishing a community nursing service bureau and the licensing, under provincial control, of all who nurse the sick for hire.

Reciprocity

Following the General Meeting in 1932, correspondence was commenced with the General Nursing Council for England and Wales for the purpose of establishing reciprocal registration for nurses who are registered in England or

Canada. The preliminary negotiations completed, several Provincial Associations of Registered Nurses have proceeded to complete reciprocal arrangements with Great Britain and Ireland. At present the Registered Nurses Association of British Columbia and the Manitoba Association of Registered Nurses have established reciprocal arrangements with the General Nursing Council for England and Wales, and the General Nursing Council for Scotland, while similar negotiations are being considered by the Manitoba Association of Registered Nurses with the General Nursing Council for Northern Ireland and the similar Council for the Irish Free State. The Alberta Association of Registered Nurses are endeavouring to make a similar arrangement with the General Nursing Council for England and Wales.

National Health Conference

In April, 1935, the President arranged to have a small delegation representing the Association wait on the Prime Minister and the Minister of Health at Ottawa for the purpose of presenting an Outline on Health Insurance and Nursing Services. These interviews took place the day prior to the opening of a conference between the Federal and Provincial Ministers of Health. The delegation from the Canadian Nurses Association were invited to attend, as observers, the several meetings of the Conference which resulted in the decision to appoint a Royal Commission to investigate the whole field of Canada's health service with a view to acquiring data on state medicine and health insurance. It was proposed to have the Canadian Nurses Association represented on the Royal Commission. The appointees to the proposed Royal Commission on Health Services have not yet been announced by the Federal authorities. Copies of the Outline on Health Insurance and Nursing Service and of the delegates' report were sent to the Executive Committee and the Provincial

Associations in order that they might be kept informed.

Remembrance Day

By invitation of the Canadian Legion of the British Empire Service League, the Association was officially represented at the National Remembrance Day ceremony on Parliament Hill, Ottawa, in 1935. Later these representatives, together with those from the Overseas Nursing Sisters Association of Canada, and accompanied by a group of nurses resident in the Federal Capital, held a brief memorial service before the Nurses National Memorial in the Hall of Fame, Parliament Buildings. The service, arranged by the Canadian Legion, was followed by the placing of flowers before the beautiful memorial panel which perpetuates, in honoured memory, the nursing services rendered to Canada from 1641 to 1918. This Memorial, presented to the Dominion of Canada by the Canadian Nurses Association, was unveiled in August, 1926.

International Council of Nurses

Late in 1934, the President of the International Council of Nurses announced the resignation of Miss C. Reimann, Secretary, and editor of the *International Nursing Review*, and the appointment of Miss Anna Schwarzenberg as Executive Secretary. The temporary suspension of publication of the *Review* was announced; however, since February last, such publication has been resumed, four issues of the *Review* to be made annually.

An interim meeting of the Board of Directors was held in Geneva in July, 1935. As the President of the Canadian Nurses Association was unable to attend, Miss Jean Gunn represented the President. The following resolution was forwarded by the Association and received by the Board of Directors: "That the Canadian Nurses Association stress to the International Council of Nurses, and through the latter, the women of the world, the urgent need of their united

effort to sponsor and to support measures for the promotion of World Peace and Control of Armaments." As the Board of Directors has no acting power this resolution has been placed on the agenda for the meeting of the Grand Council in 1937.

Several questionnaires issued by International Headquarters to National Member Organizations were completed on behalf of the Canadian Nurses Association.

Nightingale International Foundation

The Grand Council of the Florence Nightingale International Foundation met in London in July, 1935, when the Association was represented by Miss Jean Gunn, who is a vice-president of the Foundation. The Executive Committee of the Association in June, 1935, decided that at this meeting of the Grand Council, the recommendations as formulated at the General Meeting in 1934, and forwarded to the Secretary of the Foundation at that time, be again presented. The report of Canada's representative to the Grand Council will be given later when reference will be made to action taken relative to those recommendations.

Scholarship

As all clerical work in connection with the Florence Nightingale Memorial Scholarship, offered by the Canadian Nurses Association, receives attention at National Office, report is here made in regard to requests for application forms for the scholarship. In 1935, seventeen requests were received; of these eight were returned. In 1936, twenty-three requests were received; of these five were returned. To promote interest in and to supply information concerning the scholarship and the endowment fund of the Foundation, a four-page pamphlet was prepared and made available to the conveners of the provincial Florence Nightingale Memorial Committees.

Approved Schools of Nursing

With the assistance of the provincial secretary-registrars, the list of approved schools of nursing is revised annually. While a few schools have been discontinued during the past two years, a corresponding number have been opened with the result that the total number for Canada has not decreased since 1934. The provincial secretary-registrars are provided annually with the revised list. The recent publication by the Dominion Bureau of Statistics of information concerning hospitals includes certain statistics relating to schools of nursing. Copies of the revised list of approved schools (1936) were sent to the Dominion Statistician and to the Director-General of Medical Services for the Royal Canadian Army Medical Corps.

National Office

Each issue of *The Canadian Nurse*, the official organ of the Association, contains one or more pages under the caption "Notes from the National Office." These Notes are the official channel by which the individual member may keep herself informed of the plans, progress and objectives of the national organization. Correspondence continues to increase in volume and in the variety of subjects concerned.

Every available opportunity has been used for the purpose of placing the records of the Association in permanent order. This work has included the indexing of the minutes of General and Executive Meetings from 1922 to 1934; these records are now permanently bound in three volumes. Other records checked and indexed were those belonging to the Public Health Section 1920-1932; the National Memorial Committee 1921-1927; the Arrangements Committee of the I.C.N. Congress 1929, and the National Joint Study Committee 1927-1934. Each piece of material must be scrutinized carefully to determine its permanent value or to decide if it can be destroyed.

In the previous two-year period the records, from the time of organization to 1922, received attention. As national activities develop and extend, consideration will have to be given to acquiring more space at headquarters. Since first opened, the National Office has functioned in small space with minimum equipment. The situation does not demand immediate adjustment but the reference is now made so that the Association may be aware of the present situation and of what will be required in the future.

Your Executive Secretary wishes to express on behalf of herself and her assistant, appreciation for the many evi-

dences of goodwill toward themselves as the Canadian Nurses Association staff at the National Office. The officers and councillors of the Executive Committee, the conveners of standing and special committees, the chairmen of the national sections and the presidents and secretaries of the Provincial Associations are thanked for the support and co-operation which make it a pleasure to act in a secretarial position for the National Association.

Respectfully submitted,

JEAN S. WILSON, Reg. N.,
Executive Secretary.

REPORT OF COMMITTEE FOR ENROLMENT

In presenting this biennial report I am quoting from the report presented to the Central Council of the Canadian Red Cross Society by the secretary of the National Joint Committee for Enrolment of Nurses for Emergency Service:

"It is gratifying to be able to report that there was a further gain in the number of enrolled nurses during the last twelve months. The gain was not as great as in 1934 when there was an increase of 28 per cent. Last year the increase was just under 22 per cent. In the following table there is shown the quota for each province, the number of nurses enrolled in 1934, the number enrolled at the end of 1935 and the percentage gained. In no province was there a reduction of the enrolment.

Province	Quota	Increase	%
British Columbia	525	207-224	8.0
Alberta	170	83- 90	8.5
Saskatchewan	270	134-151	13.0
Manitoba	110	76-107	41.0
Ontario	725	293-325	11.0
Quebec	840	198-283	43.0
New Brunswick	125	79-124	57.0
Nova Scotia	175	70- 73	4.0
Prince Edward Island.	60	22- 50	123.0
Enrolments out of Canada decreased from.		45- 43	
	3000	1207-1470	21.8

It will be noted that only in three provinces is there any approximation to a complete quota enrolment. New Brunswick heads the list with the full number of enrolled nurses and Manitoba is a close second, with Prince Edward

Island a good third. Saskatchewan and Alberta follow with a little over half of their quotas, Ontario 45 per cent, British Columbia 43 per cent, Nova Scotia 43 per cent, and Quebec just about one-third.

The total enrolment is just under half of the maximum establishment of 3,000 nurses for the Dominion and it represents about 15 per cent of the registered nurses, a gain of five per cent over last year.

As was agreed by this committee last year, a card acknowledging a nurse's enrolment was prepared and is now in general use throughout the Dominion. The circular letter which the Committee agreed should be addressed to superintendents of schools of nursing, asking their co-operation for the enrolment, was sent to them about the middle of May. No information is as yet available to indicate whether or not it has produced any appreciable results.

The secretary of the National Joint Committee had the opportunity of attending a meeting of the Provincial Joint Committee in British Columbia. That committee has given much thought and study to the problem of enrolment and is admirably organized. The discussion at the meeting brought out three points of value. The committee has devised a system of filing a copy of the individual record cards by zones so that should an emergency arise in any particular part of the province, the names and addresses of the enrolled nurses in the neighbourhood can be found instantly. The Provincial Nurses Association in British Columbia obtains a confidential report upon nurses applying for enrolment and are thus able to classify the applicants very

effectively. It was also recommended that a "reminder slip" should be prepared to be included with correspondence going out from the registrar of the Provincial Nurses Association each year. This recommendation has been acted upon and the slips have, on request, been distributed to nearly all the provinces.

In the reports received from several of the Provincial Joint Committees it is stated that there seems to be very little interest in the enrolment and that this is particularly the case among the younger nurses. In this connection the secretary of the Quebec Joint Committee says she greatly regrets the apparent lack of interest caused by the one-sided pacifism of modern youth. She also says that many of the nurses do not approve of the enrolment and others have feared to bind themselves.

The secretary of the Prince Edward Island Committee says that the Ethiopian war seems to have made the nurses fear that they might be entangling themselves by enrolling and that they do not appear to be interested.

The Nova Scotia Joint Committee suggests that the National Joint Committee should secure or recommend speakers for the meetings of all the Provincial Nurses Associations and for the meeting of the Canadian Nurses Association this year, that it should send letters to all Alumnae Associations and branches of Provincial Nurses Associations, that it should suggest subjects for lectures and demonstrations which might be given to all the enrolled nurses in each province and that a section of *The Canadian Nurse* be devoted to the enrolment.

On the whole it would appear from the reports of the Provincial Joint Committees that the Provincial Associations of Registered Nurses are continuing to take an active interest in the undertaking and are making greater efforts to obtain enrolments. The increase in the enrolment during 1935 indicates that it is gradually gaining in favour."

Respectfully submitted,

RUBY E. HAMILTON, Convener.

REPORT OF SNIVELY MEMORIAL COMMITTEE

At the biennial meeting of the Canadian Nurses Association held in Toronto, June, 1934, the following resolutions were passed:

That the recommendations of the Mary Agnes Snively Memorial Committee be approved whereby the memorial to Miss Snively will be three medals presented at each biennial meeting of the Canadian Nurses Association, to nurses whose work exemplifies Miss Snively's ideals of nursing and service: there should be an impressive ceremony in connection with the presentation which should include a review of Miss Snively's life.

That two thousand dollars (\$2,000.00) of the Association's assets be designated for the provision of the memorial to Miss Snively.

Following this charge, the committee selected a design for the medal which was submitted to a meeting of the Executive Committee and approved. The committee recommended the following regulations which were also approved by the Executive Committee:

It is requested that the medal be worn at general meetings and social functions of the International Council of Nurses, the Canadian Nurses Association and at similar professional meetings in other countries.

It may be worn at general meetings and social functions of the Provincial Registered Nurses Associations.

The committee further recommended to the Executive Committee of the Canadian Nurses Association that a suitable place on the programme for the next biennial meeting be reserved for the ceremony of presentation of medals, and offered to co-operate with the convener of the programme committee in making the necessary arrangements. The committee recommended that the ceremony should take place at the open general meeting usually held the first evening of the biennial meeting.

At the request of the Executive Committee, this committee accepted the responsibility of making nominations for the 1936 awards. The convener wrote to the president of each of the Provincial Associations asking for one nomination from each province. These nominations were submitted to the Executive Committee, and the following were chosen: Miss Jean I. Gunn, Miss E. MacPherson Dickson, Miss Mabel F. Hersey.

As convener of the committee, and as a pupil and friend of Miss Snively's, I venture to take this opportunity of expressing great satisfaction and pleasure in the choice that was made by the Executive Committee of the Association for the first Mary Agnes Snively Medals that have been bestowed.

All of which is respectfully submitted,

JEAN E. BROWNE, Convener.

REPORT OF EXCHANGE OF NURSES COMMITTEE

The report which I have the honour to present is for the period since the last biennial meeting, 1934-36.

It might be well to review briefly the work of the committee since its inception six years ago. As the exchange of nurses was an entirely new venture, the committee began its work with extreme caution. After drawing up certain necessary regulations, it approached the nursing organizations in English-speaking countries which were affiliated with the International Council of Nurses. The College of Nursing, England, at once replied that, although they could not send English nurses to Canada on the basis of a real exchange of positions, they would gladly arrange periods of observation for a limited number of Canadian nurses, and would be pleased to avail themselves of the opportunity of sending their nurses to Canada on a reciprocal basis.

So the experiment began. Two nurses from Montreal were the first to ask for arrangements to be made for them in England. Each of them stayed approximately six months. They were both so enthusiastic over the experience gained, the hospitality extended to them, and the courtesy shown them at every turn, that the committee felt the experiment had got off to a very good start. Since then, four other Canadian nurses have had courses arranged for them by the College of Nursing in the British Isles. Only one of this number asked for experience in public health nursing. The others observed methods in teaching and hospital administration.

One English public health nurse, Miss Dorothy Wood, came to Canada for a period of six months; she was sent on a scholarship by the Halifax (Yorkshire) branch of the College of Nursing. Miss Taylor and Miss Holland, both of Guy's Hospital, London, spent approximately two months in Canada, and the rest of their three months' period of observation in the United States. Arrangements were made for Miss Ida Heany of the London Hospital for a short period in Toronto and Montreal Hospitals.

In addition to these four English nurses, the Exchange Committee, through the special co-operation of Miss Beatrice Austin, superintendent of nurses of the Hospital for Sick Children, Toronto, arranged a course of approximately eight months in children's work for a French nurse recommended by Mlle. Chaptal, past president of the International Council of Nurses. Last summer, Miss Sigridur Bachmann, a Red Cross nurse from Iceland, and Miss T. M. Rees, Matron-in-chief

of the Southern Rhodesia Nursing Service, visited Canada and had periods of observation arranged for them by the committee.

About two years ago, the South African Trained Nurses Association opened up negotiations with the committee for real exchanges for three of their nurses occupying staff positions in hospitals, with three staff nurses in Canada for the period of one year. This was in reply to a proposal of exchange made by your committee to South Africa five years ago. The result of these negotiations is that Miss Margarita Reed of the University of Alberta Hospital, Edmonton, is now a staff nurse in the Port Elizabeth Hospital, South Africa, and Miss Jennie Wareham and Miss Clara Hiscock of the Montreal General Hospital are on the staffs of the Wynberg and Somerset Hospitals, Capetown, respectively. Miss Jacoba Lansdorp of Port Elizabeth is filling Miss Reed's position in Edmonton, and Miss Leonora Earp and Miss Cicely Nixon of Capetown are on the staff of the Montreal General Hospital.

In addition to these exchanges with South Africa, another type of co-operation is about to be put into practice. Miss Grace Fairley, superintendent of nurses of the Vancouver General Hospital, has offered to take a nurse from South Africa on her staff for a period of one year. Arrangements had been completed for Miss A. C. Holtman of the staff of the Queen Victoria Hospital, Johannesburg, to come to Vancouver, but her illness prevented her from coming. Recent word from South Africa is to the effect that steps are being taken to review the qualifications of the other applicants who wished to take advantage of this offer, and it is expected that a nurse will shortly be selected. Each nurse receives her salary from her own hospital board, so that the pension scheme for nurses in South Africa is in no way upset.

As you may imagine, the Exchange Committee deliberates very carefully, indeed, on the qualifications of the Canadian nurses who apply for exchange, and the selection is made on the basis of academic and professional qualifications and personality, and the same careful selection has been made by the South African Trained Nurses Association. The committee accepts no financial responsibility for the exchange nurses. The nurses must pay their own travelling expenses. Happily, Miss Holt was able, by means of a special educational fund of the Montreal General Hospital School for Nurses, to give each of the exchange nurses from her staff the sum of \$200 towards their travelling expenses.

The arrangements for exchanges with South Africa have been long and laborious but it is thought that this plan, now in the experimental stage, may prove of great value to nurses in our own country and elsewhere. Also, after the experimental period is past, exchanges can no doubt be arranged more easily and quickly if it is decided to go on with them.

As convener of the committee I wish to express great appreciation of the never-failing courtesy and co-operation shown by Miss Hester Parsons, director of the education department, College of Nursing, London, and Mrs. H. C. Horwood, secretary of the South African Trained Nurses Association, with whom I have carried on a voluminous correspondence, and for the work of the members of the Exchange Committee, all of whom have

extended hospitality of a special nature to the visiting nurses mentioned in the first part of this report. The personnel of the Committee is as follows: Miss Beatrice Austin, superintendent of nurses, Hospital for Sick Children, Toronto; Miss Kathleen Ellis, formerly superintendent of nurses, Winnipeg General Hospital; Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital; Miss Mabel F. Hersey, superintendent of nurses, Royal Victoria Hospital, Montreal; Miss M. K. Holt, superintendent of nurses, Montreal General Hospital; Miss R. E. Hamilton, superintendent, Junior Red Cross in Ontario; Miss Nora Moore, director, Department of Public Health Nursing, City Health Department, Toronto.

All of which is respectfully submitted,
JEAN E. BROWNE, Convener.

REPORT OF JOINT STUDY COMMITTEE

Personnel

Chairman: Dr. G. Stewart Cameron, Peterborough, Ont.; Miss J. I. Gunn, superintendent of nurses, Toronto General Hospital; Miss E. Katherine Russell, director, School of Nursing, University of Toronto; Dr. Duncan Graham, Professor of Medicine, University of Toronto; Dr. Harvey Agnew, secretary, Department of Hospital Service, Canadian Medical Association; Miss F. H. M. Emory, assistant director, School of Nursing, University of Toronto; secretary-treasurer: Miss N. D. Fidler, Toronto.

Objectives

The National Joint Study Committee was originally organized to have a survey of nursing education in Canada made. After the publication of the Weir Report, it was decided by the Canadian Medical Association and the Canadian Nurses Association that the committee should continue, and that its function should be to arrange for the organization of provincial joint study committees to study the Survey and to make specific recommendations to their medical and nursing bodies for action, and to act as a clearing house for information regarding actual progress being made in the various provinces. The National Committee has no power to initiate action. It has at various times brought to the attention of provincial committees matters that seem to be of special urgency, such as the questionnaires sent out on economic conditions in nursing and on Dominion Registration and Licensing.

On April 3, 1935, the Executive Secretary of the Canadian Nurses Association wrote that at the meeting of the Executive held on

March 23, the following resolution was passed:

"That the Executive of the Canadian Nurses Association communicate with the secretary of the National Joint Study Committee, asking that the National Joint Study Committee broaden its scope of activity to include a study of questions of mutual interest to both the medical and nursing professions which may be referred to this committee by either Association from time to time, and further to suggest as a matter of immediate consideration, a study of the relation of nursing service to a possible plan of State Health Insurance."

We understand that a similar suggestion was approved by the Canadian Medical Association at their meeting in Atlantic City.

Methods and Accomplishments

Since last reporting to this Association, two meetings have been held. Plans for a third meeting this spring were not carried out due to the serious illness of the Chairman, Dr. G. Stewart Cameron. At these meetings, matters referred by the Canadian Nurses Association and by Provincial Joint Study Committees have been discussed, and suggestions returned to these bodies for consideration. The President of the Canadian Nurses Association last autumn also suggested a study of licensing. Up to this time we are unable to report definite accomplishments either on this or on nursing in relation to health insurance, but it is hoped that progress will be made on these important subjects in the near future.

Respectfully submitted,
N. D. FIDLER, Secretary.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The graduating exercises of the Calgary General Hospital were held on May 5 when thirty-two students graduated. The Reverend Melville Aitken addressed the nurses preparatory to leading them in the Nightingale pledge. Miss Phyllis Boden of Champion, Alta., was awarded the gold medal; Miss May C. McLeod, of Calgary, received the silver medal and Miss Margaret L. Shaw, of Calgary, the scholarship of \$200.00. An interesting address was given by Dr. J. V. Follett, and the evening was brought to a close with a delightful dance.

CALGARY: On May 8 a reunion of the Alumnae Association of the Calgary General Hospital was held, at which the graduating class were the guests of honour. Mrs. Straker, the president, and Miss S. Macdonald, the superintendent of nurses, received the guests, who numbered over two hundred, including three members of the 1907 class. Greetings were read from Miss M. Moodie, the first graduate of the School, and other members from distant countries. Mrs. E. C. Macdonald proposed a toast to the Training School Staff, to which Miss S. Macdonald replied. The toast to the new class was made by Miss L. Bibby and replied to by Miss Isobel Auld.

LETHBRIDGE: At a recent meeting the graduate nurses of Lethbridge had as their honour-guest Miss McPhedran of Edmonton, Alberta, as well as guests from Cardston and Calgary. Many matters were discussed, especially Dominion Registration. The annual banquet was held recently when fifty nurses and guests were present, the president, Miss Bertha Ford, presiding. A pleasing feature was the presentation of a bouquet of flowers to the past president, Miss B. Clark. An entertaining address was given by Mrs. Stanley Trew. The graduation exercises of Galt Hospital took place recently, six nurses receiving diplomas and pins presented by Dr. Bryans and Miss Clarke. Dr. Cherry addressed the class, and Dr. Galbraith presented the Taylor Memorial Medal, giving a history of the life and work of the late Dr. D. A. Taylor. Miss Jean Brodie has left for a trip to England and the Continent. Miss Elizabeth Taylor has left for Chicago. Miss Mary O'Neill is visiting in Arizona.

MARRIED: Recently, Miss Doris Copeland (1935) to Mr. J. C. Brooks.

MEDICINE HAT: The Medicine Hat Graduate Nurses Association recently held their

annual tea. The occasion, which was very successful, was convened by Mrs. C. Pickering with the able assistance of our president, Mrs. J. Keohane. The Association also entertained the graduating class of the Medicine Hat General Hospital at an enjoyable theatre party.

MANITOBA

WINNIPEG: The members of the 1936 graduating class were guests of honour of the Alumnae Association of the Winnipeg General Hospital on June 12. Miss Isobel Stewart, O.B.E., and Miss Ethel Johns were the guest speakers. Misses T. Wiggins, I. McDiarmid, F. Rowell and P. Brownell attended the Biennial Meeting in Vancouver.

MARRIED: On June 24, 1936, Miss Margaret Whyte (W.G.H., 1934) to Mr. David P. Shepherd.

NEW BRUNSWICK

MONCTON: At the graduating exercises of the Moncton Hospital which took place recently, sixteen students received their diplomas. The prize given by the local Chapter, R.N.A.N.B., for the highest average was won by Miss Elsie Angus and presented by Miss N. Good. Miss Georgie Hayes, of Sussex, has left to take a postgraduate course in surgery at the Birmingham United Hospital, Birmingham, England.

MARRIED: Recently, Miss Mary Wilbur to Mr. Harold MaGee.

ST. STEPHEN: At the annual meeting of the Chipman Memorial Hospital Alumnae Association all officers were re-elected. The meeting of the local Chapter, R.N.A.N.B., was well attended by the private duty nurses. Miss Grace A. K. Moffat, superintendent, Chipman Memorial Hospital, attended the Biennial Meeting in Vancouver. Miss Bessie I. Moffat, who has gone to Cleveland, Ohio, to take a course in anaesthesia, was the recipient of a gift from the nurses. Miss Stella M. Murphy, who was taken an extensive course in psychiatry at Whitby, Ont., has returned to Saint John as night supervisor at the Provincial Hospital.

MARRIED: On June 14, 1936, Mrs. Edith H. Boyd to Mr. Harry H. Barbour.

ONTARIO

DISTRICT 1

CHATHAM: The graduating exercises of the Chatham General Hospital were held on June 9 when eight nurses received medals and diplo-

mas, presented by Mrs. L. A. Glenn, president of the Ladies' Assisting Society. Mr. H. E. Grosch, K.C., chairman of the Hospital Board, presided. Addresses were given by the Reverend A. W. Shepherd and Dr. F. W. Hall, M.B., who represented the Medical Association. The student nurses' choir provided the music. During the ceremony the graduates were presented with one year's membership in the Registered Nurses Association of Ontario, and one year's subscription to *The Canadian Nurse*, as a gift from the Hospital Board. Afterwards a reception was held and refreshments served on the lawn which was beautifully decorated with multi-coloured lights. Preceding the graduation a delightful theatre party was given by the superintendent, Miss Priscilla Campbell. The student nurses and the graduating class attended service at the First Presbyterian Church, at which Miss Alma Jennings rendered a beautiful solo. Rev. M. Scott Fulton, D.D., gave a very appropriate address. Five nurses from St. Joseph's Hospital and three from the Public General Hospital attended the meeting of District 1 held at Strathroy.

CHATHAM: On June 4, 1936, a reunion of the Alumnae Association of the School of Nursing of St. Joseph's Hospital was held. Among those present were members who have graduated since its organization in 1896. Addresses were given by Mother Mary, the Reverend Father Gregory Blonde of Windsor, Mrs. Iona Salmon, the president, and Mrs. G. Durocher. Miss Lillian Richardson and Miss Jean Lundy were presented with honorary memberships in recognition of their long and faithful service in the Association. A delightful tea, presided over by Mrs. F. Wallace (class 1901) and Mrs. A. Hogan (class 1904), was served, and the student nurses' choir contributed several musical numbers. During the evening nine graduates received their diplomas and were later entertained at a dance given by the Association.

MARRIED: Recently, Miss Catherine Tracey (St.J.H., 1935) to Mr. Raymond Meyers.

LONDON: A meeting of District 1, R.N. A.O., was held at Strathroy on June 6, when a large increase in membership was reported. Miss M. Hoy, of Windsor, chairman, presided. The fall meeting is to be held at Petrolia. Miss M. Baker gave a report on private duty nursing and stated that employment had increased by fifty per cent since the eight-hour plan has been in force. Reports were given by the conveners of the following committees: *Nursing education*, Miss E. Hazelwood; *public health*, Miss M. Chambers, of Windsor; *membership*, Miss G. Versey; *permanent education fund*,

Mrs. Hedley Smith, and *publications*, Miss Nellie Williams. Two interesting papers were given by Dr. N. D. Fletcher, of Strathroy, and Dr. George Robinson, of Arkona. The invocation was given by Reverend S. H. Brownlee and the guests were welcomed by Mayor H. Stotham and Dr. T. R. Bateson. About seventy-five nurses attended the meeting, after which they were entertained at a delightful luncheon and tea. Miss Bessie Bell, a graduate of the Ontario Hospital School of Nursing, London, has accepted a position at the Nassau General Hospital, New York.

MARRIED: Recently, Miss Gwendoline A. Shields to Mr. James H. Macfie.

MARRIED: On June 15, 1936, Miss Cecelia L. May to Mr. John F. Schram.

MARRIED: On June 20, 1936, Miss Marion L. Read to Dr. Wm. J. Stoneman.

DISTRICTS 2 AND 3

BRANTFORD: The June meeting of the Alumnae Association of the Brantford General Hospital took place recently. The Rev. M. C. Johnson, who was guest speaker, gave an interesting address on "Minds in Uniform." The following officers were elected for the coming year: Hon. president, Miss E. M. McKee; president, Miss H. Muir; vice-president, Miss N. Yardley; secretary, Miss E. Read; assistant secretary, Miss M. Hollister; treasurer, Miss A. Goodwin; *committee conveners*: social, Mrs. Drury; *assistant social*, Miss D. Linscott; *flower*, Misses R. Cleaves, R. Patterson, M. Pierce; *gift*, Mrs. J. Davidson, Miss M. Paterson; *representatives to Local Council of Women*, Miss J. M. Wilson; to *The Canadian Nurse and press*, Miss E. M. Horn.

BRANTFORD: The members of the Brantford branch of the Red Cross Society were recently entertained at a picnic by Mr. and Mrs. A. E. Mott. The Misses J. Scott and A. Hamilton (class 1935) and Miss E. Laird (class 1934) have accepted positions at the Parry Sound General Hospital, and Mrs. K. Caton (class 1914) is in charge of the Kiwanis camp at Port Dover for the summer. Miss Hilda Westbrook, Miss J. M. Wilson and Miss G. V. Westbrook attended the Biennial Meeting in Vancouver. Dr. and Mrs. W. D. Wiley have left on a motor trip to Tacoma, Washington. Mrs. J. N. Mitchell, of the V.O.N., is spending her vacation at Gull Lake, Muskoka. The Florence Nightingale Association held their June meeting in the form of a picnic at the Brant Sanatorium. Miss K. Bowen, superintendent, was a very delightful hostess.

KITCHENER: The graduating exercises of the Kitchener-Waterloo General Hospital took place on June 6. The following ten nurses graduated: Misses A. Kummer, B. Gordon,

I. Blevins, A. Cunningham, E. Ellacott, V. Eveleigh, A. Lambert, Pirie, H. Scoble, M. Wilkinson. The scholarship for general proficiency was won by Miss Blevins; for obstetrical technique, by Miss Eveleigh; surgical technique, by Miss Wilkinson. The address was given by the Hon. J. A. Faulkner, Minister of Health for Ontario, and the Florence Nightingale pledge taken by the Reverend E. Hinds. The pins were presented by Mrs. M. Kaufman and the diplomas by Dr. W. Geiger. Following the exercises a reception was held by the Kitchener-Waterloo Ladies' Auxiliaries. Preceding graduation many delightful dinners were given in their honour.

OWEN SOUND: The Owen Sound Nurses Alumnae Association recently held a meeting at which Districts 2 and 3, R.N.A.O., were entertained, over forty guests attending. Miss H. L. Potts, chairman, presided, and Dr. A. L. Danard gave a very instructive address. The fall meeting will be held at the Guelph General Hospital.

DISTRICT 4

HAMILTON: The quarterly meeting of District 4, R.N.A.O., was held on June 13 at St. Catharines General Hospital, when about seventy-five nurses attended from Hamilton, Welland, Niagara Falls and St. Catharines, with Miss Brewster presiding. Interesting reports from the annual provincial meeting were presented by Miss Wright, of St. Catharines, and Miss Gayfer, of Hamilton. An amendment to District By-law 111 was carried to permit addition of the office of vice-chairman to executive. An interesting address on "Nursing in China" was given by Mrs. Radcliffe of St. Catharines. The next meeting of the R.N.A.O. will be held on October 3, in Niagara Falls. Miss Shepherd, who has been in charge of "C" wing of the Hamilton General Hospital, has resigned and has left for a trip abroad. Miss J. Sherriffs has also gone abroad. The following nurses attended the Biennial Meeting at Vancouver: Miss Brewster, Miss Scheifele, Miss J. Murray and Miss Sheriden.

HAMILTON: A well-attended meeting of the public health nurses of District 4 was held on April 2, Miss Ford presiding. It was moved and carried that the minutes of the annual

meeting be postponed. Miss Ford introduced Dr. Deadman, the guest speaker, who gave an instructive address on "Cancer." Miss Helen Aitken moved a vote of thanks.

ST. JOSEPH'S HOSPITAL: Twenty-five members of the 1936 graduating class were guests of honour of the Alumnae Association at a dance and bridge held on May 19. Misses I. Murray, A. Maloney and E. Melody received the guests. Mrs. Lawrence Glassco (Ada Egan), Misses Edythe Leitch and Teresa McCaig are visiting in town.

MARRIED: On June 15, 1936, Miss Myrtle Leitch (St.J.H.) to Dr. Wm. P. Downes.

MARRIED: On March 3, 1936, Miss Rose Horn (St.J.H.) to Mr. Wilfred Hobson.

DISTRICT 5

DEPARTMENT OF PUBLIC HEALTH: A suggestion that closer contact be made with the medical officers of health of the districts by the officers of the Public Health Section, R.N.A.O., met with splendid results by the York County Public Health Nurses Association. To mark the closing of activities for the season a delightful dinner was held to which the medical health officers, the Deputy Minister and Chief Medical Officer for the province and their wives were invited. The speaker was Dr. C. E. Hill, president of the Ontario Health Officers' Association and Medical Officer of Health for the township of North York, with Dr. C. A. Warren of York Township as master of ceremonies. Miss E. Blainey, East York Township, was convener of the arrangements committee.

Miss H. Dennis, a graduate of the Guelph General Hospital, who completed a course in public health nursing at the University of Western Ontario, was recently appointed public health nurse in Haileybury. Miss Jean Watt, a graduate of the Victoria Hospital, London, and of the public health course at the University of Toronto, has joined the public health nursing staff in York Township. Miss Marie Johnston, who has resigned her position as senior public health nurse in Oshawa, is succeeded by Miss Jean Fox. Miss Jean E. Russell, graduate of the four-year course, University of Toronto and Toronto General Hospital, has been appointed to the staff.



ON DUTY - OFF DUTY
NUGGET
 WHITE KID CLEANER
KEEPS WHITE KID WHITE!



TORONTO GENERAL HOSPITAL: Miss Sadie Williams, who has been awarded the alumni scholarship for postgraduate study in nursing, will spend a year at Bedford College, England. Miss Kathryn Graham (T.G.H., 1934), who has completed a course at the School of Nursing, University of Toronto, has been appointed assistant head nurse on the second floor of the Dunlop Building. The student nurses recently held their garden party in aid of the Florence Nightingale Memorial Fund. Much enthusiasm was shown by all who attended.

TORONTO WESTERN HOSPITAL: Miss Jean Phimister (T.W.H., 1930) has accepted the position of superintendent of Hillsview Farm Sanitarium, Washington, Pa. Miss Sally McCallum (T.W.H., 1934) was awarded the H. A. Beatty Scholarship for a postgraduate course in teaching and administration, which she will take at the University of British Columbia.

MARRIED: In May, 1936, Miss Nellie Allibon (T.W.H., 1928) to Mr. Joseph Rouse.

MARRIED: Recently, Miss Janet Macdonald (T.W.H., 1931) to Dr. Fred Stewart Mills.

MARRIED: On May 25, 1936, Miss Margaret Webb (T.W.H., 1932) to Mr. Charles Barnum.

ST. JOSEPH'S HOSPITAL, TORONTO: At the June meeting of the Alumnae Association, Miss Ethel Greenwood, convener of the Permanent Education Fund, District 5, addressed the members on the establishment, progress and future plans for administration of the fund. The group had subscribed \$25.00 in 1934 and at the close of the meeting gave a cheque for \$25.00 towards the deficit still carried by the district. Refreshments were served.

ST. MICHAEL'S HOSPITAL: A meeting of the Catholic registered nurses was held on June 15, for the purpose of organizing a Catholic Nurses' Guild in the archdiocese of Toronto. The aims of this organization will include the spiritual welfare of the nurses and the advancement of nurse education. A provisional executive was elected and plans are under way for a permanent organization. From a group of appointees from the alumnae associations of St. Michael's and St. Joseph's Hospitals and graduates of other schools of nursing engaged in various branches of nursing in Toronto, the following executive was chosen: President, Miss A. Riordan, instructor of nurses, St. Joseph's Hospital; first vice-president, Miss M. McCarthy, ward supervisor, St. Joseph's Hospital; second vice-president, Miss C. Vale, staff, Department of Health, Toronto; recording secretary, Miss B. Quilty, St. Michael's Hospital (private duty); corresponding sec-

AUGUST, 1936



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retary, Miss M. Daly, operating room supervisor, St. Joseph's Hospital; treasurer, Miss G. Murphy, ward supervisor, St. Michael's Hospital; *Committee conveners; programme*, Miss H. Heffernan, superintendent, St. Elizabeth Visiting Nurses; *publicity*, Miss M. Larkin, social service, Department of Health; *Councillors*: Miss M. Quigley, social service, Department of Health, Miss T. Veroni, staff, St. Elizabeth Visiting Nurses, Miss A. Gaudet (private duty), Miss M. Brown (private duty), Miss E. Boyle (private duty).

ST. MICHAEL'S HOSPITAL: The graduating exercises of the St. Michael's Hospital were held recently, when fifty-two nurses graduated. Mr. D. J. McDougald presented the diplomas and medals, and addresses were given by the Reverend J. C. McGuigan and the Rev. E. J. McCorkell. Later the graduates were the guests of honour at a delightful dinner and dance. Reverend Sister St. Albert, instructress of nurses at St. Michael's Hospital, attended the convention of the Catholic Hospital Association of U.S. and Canada, held in Baltimore recently. Reverend Sister Jeanne, superintendent of nurses at St. Michael's Hospital, and Reverend Sister Evangelista were the delegates for St. Michael's Hospital at the Biennial Meeting of the Canadian Nurses Association held in Vancouver.

MARRIED: Recently, Miss Bess O'Connor (St.M.H.) to Mr. Bert Denaney.

MARRIED: In June, 1936, Miss Noreen Boyce (St.M.H.) to Mr. C. Jones.

MARRIED: In June, 1936, Miss Evelyne Valiquette (St.M.H.) to Mr. H. J. Coulson.

MARRIED: In June, 1936, Miss Mary Kirby (St.M.H.) to Mr. E. O'Connor.

WESTON: On June 11, 1936, a reunion dinner of the Alumnae Association of the Connaught Training School for Nurses was held. Miss E. MacP. Dickson, former superintendent, and Miss M. Wilkinson, present superintendent, welcomed the guests. Toasts were given to the King, the founder of the School, absent members and the medical staff, after which a very enjoyable evening was brought to a close.

DISTRICT 6

BELLEVILLE: The final meeting of the year of Chapter A, District 6, was held on June 19, with a good attendance. The guest speaker was Mr. J. O. Herity from the Chamber of Commerce, Belleville, whose interesting address on "James Whitcombe Riley's Poems" was very much enjoyed. A dainty lunch was served after which the meeting adjourned.

PETERBOROUGH: Chapter C, District 6, R.N.A.O., held a meeting on May 26 at the Ross Memorial Hospital, Lindsay, when Mrs.

La-Plante, the president, presided. Dr. Logan gave an interesting address on the life of Louis Pasteur and a vote of thanks was moved by Mrs. Brackenridge.

PETERBOROUGH: A meeting of the Alumnae Association of the Nicholls Hospital was held on May 20. Dr. G. M. Fraser, who was the guest speaker, gave a very interesting lecture on Public Health. After the meeting a delightful supper was served.

DISTRICT 7

KINGSTON: Miss Dorothy French (K.G.H., 1935) is visiting relatives in London, England.

MARRIED: On June 2, 1936, Miss Mildred McCammon (K.G.H., 1930) to Mr. R. J. Pindred.

MARRIED: On June 27, 1936, Miss Clair Gossins (K.G.H., 1934) to Mr. C. Beal.

MARRIED: Recently, Miss Milicent Burt (K.G.H., 1934) to Mr. Ross Lowe.

MARRIED: On July 4, 1936, Miss Velma Berney (K.G.H., 1934) to Dr. D. Matheson.

MARRIED: On June 8, 1936, Miss Marion Ross (K.G.H., 1936) to Mr. R. Fleming.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: A most interesting and enjoyable evening was spent recently at the Ottawa Civic Hospital when Miss E. Frances Upton, registrar, A.R.N.P.Q., addressed the nurses. Her subject was "A plan for nursing bureaux." There were about eighty nurses present. A meeting of the public health section was held recently, when Dr. Murray Thompson, of Alexandria, Ont., spoke on "Work of the Eastern Health Unit." Twenty-five members were present. Miss Margaret Graves (O.C.H., 1933) has left for a trip abroad. Miss Gwen Gordon (O.C.H., 1932) is doing relief work at Sloane Hospital for Women, New York.

MARRIED: On June 20, 1936, Miss Myrtle Tanner (O.C.H., 1928) to Mr. Frederic Wood.

MARRIED: Recently, Miss Audrey Herron (O.C.H., 1934) to Dr. Thomas Moffat.

MARRIED: On June 27, 1936, Miss Mildred Nixon (St. Luke's Hospital, 1923) to Mr. John Harper.

OTTAWA: The graduating exercises of the Ottawa Civic Hospital School of Nursing took place on June 3, 1936, and Mr. Norman Smith, chairman of the Hospital Board, brought good wishes to the class from the Board. Dr. H. B. Moffat tendered the congratulations of the medical faculty in a humorous address. Following the recitation of the Nightingale Pledge, the twenty-seven graduates, each carrying the now traditional pink rose, received their diplomas and pins presented by Mr. Norman Smith and Miss

Bennett. The president of the graduating class presented Miss Bennett with an armful of roses. The thunderous applause which greeted this gesture showed the esteem in which Miss Bennett is held. Mr. Norman Smith introduced the guest speaker, Mr. Woodsworth, for many years a Member of the House of Commons and leader of the C.C.F. party. A delightful dance took place in the evening.

MARRIED: On May 16, 1936, Miss Eleanor Queenie Brady (O.C.H., 1934) to Mr. William S. Darling.

MARRIED: On May 25, 1936, Miss Grace I. Grady (O.C.H., 1930) to Mr. Edward C. Humphrys.

OTTAWA GENERAL HOSPITAL: Miss J. Thibault (O.G.H., 1933) has accepted a position as assistant supervisor of the Tuberculosis Clinic in Hull, Que. Miss Willa Ahearn (O.G.H., 1925) received the degree of public health nurse at McGill University, Montreal. Miss E. Parenteau (O.G.H., 1935) received the degree of public health nurse at the Montreal University. Reverend Sister Madeline of Jesus, B.S. (chairman) Canadian Council on Nursing Education, and Reverend Sister Mary Aban, Phm.B., superintendent of nurses of the Ottawa General Hospital, attended the Biennial Meeting in Vancouver.

MARRIED: On June 27, 1936, Miss Margaret Flynn (O.G.H., 1925) to Mr. Robert Foley.

MARRIED: On June 15, 1936, Miss Marguerite Munroe (O.G.H., 1927) to Dr. Sylvester Grimes.

MARRIED: Recently, Miss Hilda Kearns (O.G.H., 1930) to Dr. Robert Hudson.

MARRIED: On June 20, 1936, Miss Roseline Kavanagh (O.G.H., 1934) to Mr. Elmer O'Brien.

DISTRICT 9

HAILEYBURY: At the monthly meeting of the Haileybury, New Liskeard, Cobalt Chapter, District 9, R.N.A.O., the following officers were elected: Chairman, Miss H. E. Smith; vice-chairman, Miss Mary E. Garvin; secretary-treasurer, Miss Joyce Stevens; *committee conveners:* membership, Miss Mary J. McCrea; finance, Miss Stevens; publications, Mrs. Shepherd, Cobalt; programme, Miss Garvin; social, Miss Harriet Brydne; private duty, Miss Sophia Knight; representative to *The Canadian Nurse*, Miss H. E. Smith.

TIMMINS: On June 14, the graduating exercises of the St. Mary's Hospital took place. The Reverend Father O'Gorman presented the diplomas and led the class in the Nightingale Pledge. Mrs. N. N. Russell presented the pins. Among the guest speakers were: Mr. W. W.

AUGUST, 1936



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Tanner, principal of the Timmins High School; Mayor J. J. Bartleman, Reverend O. E. Theriault, Dr. N. N. Russell and Dr. H. H. Moore. An enjoyable musical programme was given by the students. Under the auspices of the R.N.A.O. the graduates were the guests of honour at a dance, each receiving a gift from the Association, presented by Miss Woodall, vice-president of the Chapter. Dr. Robson gave a short address, after which refreshments were served.

SASKATCHEWAN

REGINA: Miss M. Main and Miss G. Fitch (R.G.H., 1934), who have completed a course at McGill University, Montreal, and Miss R. Gent (R.G.H., 1934) have been appointed to the staff of the Regina General Hospital. Mrs. A. R. Child, president of the Regina branch of the O.N.S.A., and graduate of the Regina General Hospital, left on July 16 to represent the province of Saskatchewan at the unveiling of the memorial at Vimy Ridge, France.

OVERSEAS NURSING SISTERS ASSOCIATION

OTTAWA UNIT: The Ottawa Unit of the Overseas Nursing Sisters Association of Canada spent a most enjoyable afternoon and evening recently as the guests of Miss Mabel Lindsay at her home in Wakefield. About twenty nurses were present.

WINNIPEG: The annual meeting of the Overseas Nursing Sisters Association of Canada was held on May 11. The following officers were elected for the coming year: President, Miss G. Billyard; vice-president, Mrs. E. W. Horton; secretary-treasurer, Miss E. Stewart; *Committee Conveners*: Visiting, Mrs. C. W. Davidson; social, Mrs. Hamblin; press, Miss I. M. Barton; *membership*, Miss

Blais; *poppy and memorial*, Mrs. A. D. McLeod; *advisory committee*: Mrs. DePencier, Mrs. McDougall, Miss McGillvary. The secretary was instructed to write a letter of condolence from the Club to Mrs. T. Cavanagh (née Mary Hall), whose husband passed away on May 17. On Decoration Day, May 31, the nursing sisters were asked, as in former years, to join the members of the Amputation Association to take part in the service and parade. Wreaths were placed on the graves of the following: N/S Aikman, N/S Brightie, N/S Griffiths, Mrs. Lawrie (N/S Phyllis Peyton), Mrs. R. Scott (N/S Ursula Peyton) and N/S Crawford.

OBITUARY

ARMSTRONG—The death occurred on June 13, 1936, of Miss Martha Armstrong. She was a graduate of the Montreal General Hospital and also of the McGill School for Graduate Nurses. With Miss Armstrong's passing the Montreal Graduate Nurses Association has suffered the loss of one who was a faithful member for more than thirty years.

BALL—On June 26, 1936, the death occurred of Miss Dolce Ball, graduate of the 1934 class of the Winnipeg General Hospital.

WENGER — Recently, at South Porcupine Hospital, Miss Mary Wenger, superintendent of the Presbyterian Hospital, South Porcupine. Miss Wenger was a graduate of the Guelph General Hospital.

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 9817-107th St., Edmonton.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.
PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg.
PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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ACTING CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; **SECRETARY-TREASURER:** Miss H. E. Wills, 2840 Robinson St., Regina.

COUNCILLORS: **Alberta:** Miss J. Clow, 9817-107th St., Edmonton. **British Columbia:** Miss E. Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P.

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CONVENER OF PUBLICATIONS: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

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COUNCILLORS: **Alberta:** Miss A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss M. Wilson, Dept. of Public Health, Charlottetown. **Quebec:** Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, 1614-11th Ave. W., Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83rd Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 9817-107th St., Edmonton; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 620 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board*: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 26, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stohart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolsley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McPetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandersser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors*: Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retailick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convenor of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Murie Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 8 Wilcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1: Chairman*, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Duferin Ave., Belleville; *District 7: Chairman*, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffeld, Box 612, Smiths Falls; *District 8: Chairman*, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9: Chairman*, H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10: Chairman*, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses F. Connelley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinn, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors*: Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Vic-

toria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anyse Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V.

B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Barry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: Social and Flower, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt; *Executive*; Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners: Press*, Miss M. Moodie; *Visiting*, Miss Whale; *Programme*, Miss Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*; Mrs. T. O'Keefe; *Refreshment*; Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell;

Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Cann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors: Mesdames* F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill; Second Vice-President, Miss J. Williamson; Secretary; Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative to the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bisset; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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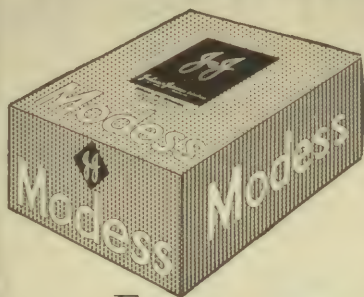
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No. 9

MARCHING ORDERS

RUBY M. SIMPSON, President of The Canadian Nurses Association

The September number of the *Journal*! It seems impossible that we must, so soon, prepare for its publication: time passes rapidly for busy folk. Already the 1936 General Meeting of the Canadian Nurses Association is in the past, vacations are over and, renewed and refreshed, we are turning to serious thought of professional efforts and obligations. Naturally we look to the reports of the meeting held in Vancouver a few weeks ago, for a lead in our thinking and planning.

Elsewhere in this issue will be found under *Notes from the National Office*, a listing of the resolutions passed at that meeting. Study them carefully. You will be well repaid for the effort. They were neither formulated nor passed lightly. Rather, they are the result of several fairly strenuous days of concentrated thought and serious discussion of the problems which are confronting us as an organization and as a profession, by a group of over seven hundred nurses more than usually representative of the whole Dominion. They are clearly the marching orders for the next biennium.

The Canadian Nurses Association has a way of carrying all of its undertakings through to completion. Have you noticed that? It has been evident since the organization began. This year another of our big projects reached its first stage in this regard when the publication, "A Proposed Curriculum for Schools of Nursing in Canada" was laid on the table at the General Meeting by the chairman of the

committee responsible for its preparation. The Curriculum Committee, after four years of intensive work, now rests and leaves its publication, accepted by the Association, with you for experimental use and for constructive criticism in the next two years. It will be available in both French and English, in quantity sufficient to supply the need of every school and at a price within easy reach of all. The committee has done a colossal and an excellent work and it is difficult to adequately express our thanks. The next stage must be left with the schools of nursing. The earnest hope is expressed that every school in Canada will now participate in the trial use of the Curriculum and will be prepared to comment on it in 1938. In so doing our real appreciation will be conveyed to the committee. Only a few copies of the Curriculum were available at the Vancouver meeting but the National Office is ready now to meet your requirements in this regard. Do begin your use of it as soon as possible.

The study of Dominion Registration is to be continued. Several Provincial Associations acknowledged candidly that the report of the committee referred to them in January, 1936, and published in the *Journal* in the April issue, had not been seriously studied, a fact which was deplored. Individual nurses, too, begged further time in which to be sure of the proposed organization and all its implications. Delay was, therefore, considered wise. It is urged that Associations begin

now to acquaint themselves with the proposed plan and to study it in particular relation to their own province. Send criticisms and suggestions to the committee. They will be welcomed. Ask for information. It will be willingly given. Any plan which is to work smoothly and prove satisfactory to each of the nine provinces requires much thought and careful preparation. Do your part to work it out. Definite action should be assured at the next Biennial Meeting.

Re-organization and development of registries is to be continued in the provinces but the whole matter of community nursing needs and ways in which the Canadian Nurses Association may participate in meeting these needs, has been referred to a special committee of which the President is convener, for discussion with the Victorian Order of Nurses for Canada. A sum of money has been allotted for the use of the committee in any experiment or experiments which it may be considered advisable to undertake. The study and consultation with the visiting nurse organization named will be undertaken at once, and reports may be expected from the Executive Committee early in 1937. This service to the community is recognized as one of our most pressing obligations at the moment. No effort will be spared by the committee to carry plans through to success.

The Congress of the International Council of Nurses, to be held in London in 1937, will, it is hoped, be attended by several hundreds of Canadian nurses as well as the full quota of official delegates to be sent from the Association. It is not too soon to begin to make time and finance plans for next July. In order to give every possible assistance to nurses who may contemplate the trip, Congress tours will be organized by our own National Office similar to the plan followed in 1933. Information with regard to these tours will soon be available. Why not write the executive secretary and obtain

the listings of fares and sailings? A national meeting of nurses is replete with inspiration as we all know from experience. How much more so will be the opportunity to join with nurses from all corners of the world in doing honour to our profession and in discussing its problems. London in July of next year (Coronation year, too!): make it your objective. The trip can be accomplished with a surprisingly low expenditure.

As we are speaking of "Internationals," this is a good place to mention the recently organized National Florence Nightingale Memorial Committee of Canada. It is made up of the following: representing the Canadian Red Cross Society, Miss Jean Gunn, Mrs. H. P. Plumptre, Toronto, Mrs. Angus McDonald, Vancouver; representing the Canadian Nurses Association, Miss Elizabeth Smellie, Miss Grace M. Fairley, the President, and Miss Jean S. Wilson as secretary-treasurer. At a meeting of the committee held in Vancouver, Miss Fairley was named chairman. With the formation of this committee we now meet all the requirements of the Florence Nightingale International Foundation for full membership. Our Association committee will be continued at least until our five-year pledge is completed, which will be in 1938.

Now for our own affairs. The experiment of employing a full-time editor and business manager of our *Journal* is at an end. A definite appointment of this official was authorized by the General Meeting, the appointee to be, of course, the present incumbent of the office, who has given such distinguished service during the time of the experiment. Much has been done in these three years to build up *The Canadian Nurse*. Much remains to be done, as we have been seriously and persistently informed by the editor. The circulation campaign brought in more than 1,800 new subscribers. Now the editor and publications committee, with

your continued support and co-operation, plan to set about to consolidate the gains made and to make the *Journal* still better and more indispensable to you. You may count upon them. May they count upon you?

Some of our special committees have been discontinued, having fulfilled their purpose. Many remain and will continue to form the core of provincial and national activities. National Enrolment for emergency service, for instance, in which we have not yet reached the relatively low quota set in 1934. Some provinces are able to report success. Why not all? Perhaps a little more attention should be given to organization, perhaps more publicity is needed, perhaps our real interest has been lacking. Whatever the cause,

we must go to our 1938 General Meeting with 3,000 names on the list. That was the clearly expressed feeling at the Vancouver meeting. It means work for local committees but it means also satisfaction in success.

And now with objectives clearly stated we begin another two-year term. That it will present difficulties, problems and discouragements, just as other terms have done, is well known to us all. Perhaps that knowledge is part of the joy of the challenge. Through it all we are increasingly conscious of a fact which each Biennial Meeting demonstrates: there is nothing which we cannot achieve "if we will have determination and hold together." So—Halifax in 1938 for further progress reports!

DIETARY TREATMENT OF DIABETES

MARION N. PENHALE, Assistant Dietitian, Victoria Hospital, London, Ont.

Success in the handling of a diabetic patient is directly proportional to the amount of education which he receives concerning his disease and its treatment. His future welfare depends, therefore, to a large extent upon the information conveyed to him by the physician, the nurse and the dietitian.

Diabetes has undergone a complete rationalization in the past two decades. The length of life of the diabetic of today well exceeds the life of the diabetic before the war. The mistake which was made in treatment then was in telling the patient what not to eat instead of what to eat. Many of the patients who carried out the instructions developed acidosis from prolonged carbohydrate

starvation and died. Those who did not carry out the instructions had less chance of regaining health and vigour because of the constant wastage of sugar in the urine and the probability of the development of complications. It is interesting to note that the world-wide experiment of under-nutrition during the Great War clinched the importance of under-feeding in the control of diabetes. The incidence of the disease dropped markedly during that period.

Starvation was one of the first dietary measures for diabetes. Severe restriction of the intake of carbohydrate food did lessen the demand on the pancreas for the secretion of insulin and benefit resulted but our present knowledge of diabetes rules out starvation as a method of treatment on account of its tendency to

Presented as part of a symposium on diabetes at a Refresher Course arranged by District 1, Registered Nurses Association of Ontario, in London, March, 1936.

cause ketosis, as well as other disagreeable features related to it.

Another form of treatment was the employment of a high-fat-low-carbohydrate diet. This gave much better results than the previous method of starvation, especially after the discovery of insulin in 1921. This type of diet was most unpalatable and the patients who used it frequently required the injection of more insulin than those who receive the moderately-high-carbohydrate-low-calorie diet of today. The border-line of ketosis was very close, too, because the fat was as high as double the carbohydrate plus half the protein. An elevated temperature or a slight upset in health would quickly cause an acetone condition to develop.

Dietetic Considerations

The most popular diabetic diet at present is probably the moderately-high-carbohydrate-low-calorie diet. Its advantages are: (1) There is a greater margin of safety with respect to the acetone type of acidosis. (2) The diet is much more palatable. (3) As a rule, there is no great difficulty in keeping the urine sugar-free. (4) The patient loses the craving for forbidden foods, especially carbohydrates. (5) The diet is cheaper because it contains no special foods and much less of the expensive fats such as cream, butter and olive oil. (6) From the patient's point of view, there is an improvement in his mental and physical well-being. This last statement emphasizes the fact that we are treating the patient, not the disease.

Every gram of ingested food increases the burden of the metabolic functions and when the diet is restricted to a minimum, the greatest amount of rest is assured. In the dietetic consideration of diabetes, the intake of carbohydrate food must be regulated because diabetes begins with an impairment of the carbohydrate tolerance. There is very good reason for controlling the intake of fats as well,

since an excess of fat can give rise to ketosis. This would seem to leave protein as the food of choice. It is not as simple as this, however, because proteins when broken down in the body liberate glucose and fatty acid radicals. Therefore, the intake of all food stuffs must be regulated.

The glucose equivalent of food stuffs is that part of our food which, when it is metabolized, changes to glucose. This includes 100 per cent of the carbohydrate, 10 per cent of the fat and 58 per cent of the protein. The fatty acid radicals from our food constitute 90 per cent of the fat and 42 per cent of the protein. There must be sufficient carbohydrate utilized to oxidize this amount of fatty acid. The fatty acid radicals are not such a matter of concern with the higher carbohydrate diets as they were with those of lower carbohydrate values.

As soon as a diagnosis of diabetes is made, the patient is often put on a low caloric or test diet. This diet may range in energy value from 900 to 1200 calories per day according to the severity of the diabetes and the age of the patient. Any diabetic can tolerate this low diet for several days and during this time the blood sugar frequently drops to normal, with or without the use of insulin. The allowance of food may be increased as soon as the urine remains sugar-free for a couple of days and the blood sugar becomes normal or nearly so. Afterwards, the diet is gradually raised and the insulin is varied, if necessary, until the patient is receiving enough food to carry on a normal life. Usually 1500 to 2500 calories per day is sufficient for this purpose. The caloric intake, as a rule, is kept 10 per cent below what is considered to be the normal requirement for the individual. Under no consideration must an adult diabetic be allowed to gain weight rapidly. A child must have more calories proportionately than an adult to allow for growth and activity.

The amount of protein which is necessary for adults equals 15 per cent of the days' calories or one gram per kilogram of normal body weight. For elderly persons, this requirement is lower and for children it is higher, namely, one and a half to two grams per kilogram of body weight.

The carbohydrate allowance is usually set at about 100 grams per day varying with the carbohydrate tolerance of the individual. The fat supplies the remaining calories and runs around the 100 gram mark also. The amounts of carbohydrate and fat vary but the protein must be kept fairly constant as mentioned above. As well as considering the protein, fat and carbohydrate, we must be conscious of the diabetic's need for minerals, vitamins, water and roughage and, therefore, plan the diet accordingly.

Selection of Food

Five and ten per cent vegetables form an important part of the diabetic's diet. These are bulky and satisfying and so overcome the sensation of hunger. The percentage of carbohydrate which they contain is so small and its absorption is so slow that the blood is not suddenly flooded with sugar. Just the opposite condition is desired, however, when a patient has an insulin reaction and the blood sugar is low. Concentrated carbohydrate in the form of dextrose is then given.

For patients with peptic ulcer and gastro-intestinal upsets, vegetables must be eliminated from the diet and they may be replaced by soda biscuits or bread. Five, ten and fifteen per cent fruits also are desirable for the diabetic. They replace desserts and are acceptable as a last course at meal times. Oatmeal is preferable to bread. It is served only once a day, being out of sight and mind at noon and night and it does not compare with bread as a temptation.

The types of meats for diabetics are not limited except those that contain much fat. The fat of meat is not easily

reckoned, as simple inspection of any meat will show. When the diet is closely calculated, lean meat only is served. Butter and cream are used in moderate quantities.

Bread for diabetics must have a known percentage composition. Ordinary bread or a so-called "diabetic bread" made from a known recipe are the best kinds. The special "diabetic breads" made and sold by bakers are no good unless one knows what is in them. For the most part, the flour used for the manufacture of these breads is by no means carbohydrate-free despite the claims made for them. Diabetic foods on the market should not be used at all unless one is sure of their percentage composition and that this is authentic. Only standard foods should be selected because of less chance of dietetic errors.

The purchase of food scales is a good investment for a diabetic. The weighing of his food impresses upon him the need for accuracy. Therefore, every diabetic is advised to purchase scales and experience has proved that those patients who use scales do better than the ones who merely judge the amounts of their foods approximately.

In general, there is no place on the diabetic's diet for sugar or concentrated carbohydrate foods such as jams, jellies, preserves, honey, pie, cake, cookies or confections. These foods are dangerous and should carry a red light signal all the time for the diabetic.

In choosing foods, remember that "sugar *runs* into the blood; the carbohydrate of bread, potatoes, bananas and apples *walks* into the blood and the carbohydrate of vegetables *creeps* into the blood." A diabetic must thoroughly understand that if he keeps his urine sugar-free, his condition will improve gradually and continuously.

In the Hospital

Here are some practical points in choosing foods for the diabetic in the

hospital. The menu must be simple. Potatoes should not be included often on a diabetic's tray for the reason that the patient, knowing that this article of food is allowable, is liable to take more than the allotted amount at home. Do not serve vegetables buttered. Let the patient add the butter from his own supply. He knows then that he can not have vegetables from the family dish at home. Do not serve side-dishes such as pickles, cranberry jelly, and relishes. These may give the patient a leeway toward sweetened articles of this sort. Do not encourage the use of saccharin, rather discourage it. Many patients do not understand the difference between saccharin and sugar. They reason that if they can have saccharin, why can they not have sugar? If the patients find a sweetening agent to be a real necessity, suggest the use of powdered saccharin instead of tablets, because it is much cheaper. If using saccharin in diabetic cookery, do not boil it or heat it; rather add it to the food after cooking to prevent the development of a bitter taste.

Do not give the patients much bread; let fruits and vegetables supply the carbohydrate. The patients should be visited daily by the dietitian while they are in the hospital and their criticisms of the diet solicited. If possible, give the patients the foods which they want and, if they ask for foods that are not permissible, do not mince words, but tell them plainly why it is unwise for them to have those particular foods. They must understand that there are to be no mid-lunches or piecing on the sly. They must adhere strictly to the prescribed diet.

In the Home

The special nurse who is on duty with a diabetic patient in his own home should take complete charge of the preparation of the diabetic's trays. Plan the menu for the day and give it to the mistress of the house. If she is wise, she will fit in her family menu with that of the patient.

The cooking of foods for diabetics is

simple. Vegetables are boiled until tender in boiling salted water, drained, weighed and served. Meat may be taken from the family roast of beef, lamb, veal or fowl, but it must be an inside cut. There is apt to be too much fat on an outside piece. If serving chops or steaks, never cook them in their own fat. They should be lean and cooked in Russian oil, or the butter from the patient's tray may be used. In the latter case the patient may have to eat his bread dry. No gravy thickened with flour may be served with the meats. Broth should be given only after all the fat has been skimmed off.

The special nurse should know the carbohydrate values of vegetables and fruits to prevent errors in the serving of the meals. She must be very careful to weigh and measure all foods accurately. It may be a bad policy for the nurse to juggle the diet and insulin of the diabetic in the home. One should know how to work out a prescribed diet and to make the necessary substitutions, otherwise get in touch with the physician or a dietitian. In any case the patient must not suffer. Guessing is always uncertain.

The diabetic whose duties or inclinations take him away from home should carry with him a simple diet list. If possible, he should patronize diabetic restaurants or go to hotels where the staff understands catering to those who are obliged to follow special diets. The waiter can be given the instructions for the chef regarding the preparation and the serving of the food. The chief point to keep in mind is to use foods without sugar, butter, gravies and sauces.

Food Substitutions

The problem which causes difficulty in diabetic management may not be organic in nature but rather may be related to human frailty which yields to an instinct for more food for self-preservation. This instinct has been the cause of a new field of development, that of food substitutions

and their place in the dietary treatment of diabetes. The patient should be introduced to the methods of substituting one food for another as soon as possible in the hospital. The ideal method is to insist upon all patients attending classes daily as soon as they are able to do so.

The patient whose diabetic condition has been regulated but who is still hungry can be taught how to raise the bulk of his diet by substituting bulky foods such as grapefruit instead of oranges, five per cent vegetables instead of ten per cent vegetables. If potatoes are being used, it is much better to replace them with fruits and vegetables. Fifteen and twenty per cent fruits should be replaced by ten per cent fruits and the amount raised accordingly. The patient should know that broth, well skimmed of fat, has no food value and it may be taken along with a soda biscuit from the supper tray before retiring at night.

On the other hand, if the bulk of the diet is too great, the patient must know how to reduce the bulk without altering the value of the diet. The five and ten per cent vegetables in this case are best cut out and potatoes served instead, or bread may take their place. The fruits included in the five and ten per cent groups should be replaced by fifteen and twenty per cent fruits. Thus the total

amount of food will be reduced considerably and the diabetic who develops a cold or some other indisposition will thus be able to take the total number of calories in a smaller bulk of food. His diabetic condition will be kept under control and he will be much more comfortable than he would be if it were not possible to make these alterations.

When a patient is discharged from the hospital, he must be given a diet list to follow. It must be made very clear to him how to substitute bread for fruit, butter for cream, eggs for meat, buttermilk for whole milk and so on. Above all else we must see that he goes home with a serene and cheerful outlook on life and a satisfying diet which he will follow. Before a juvenile diabetic is dismissed, his parents must be taught how to take charge of his diet.

The family circle should be persuaded to eliminate concentrated carbohydrate foods such as pies, cakes, syrups and preserves, from their table. It is to the family's own interests as well as the patient's, to limit their intake of such foods as soon as one member has been found to be diabetic. The patient should be encouraged to eat at the same table as the rest of his family even though he must weigh and measure his food.

AN INTERNATIONAL OCCASION

From the July number of *The British Journal of Nursing* we quote excerpts which give an excellent account of the ceremony which marked the presentation of certificates to the students who have completed the courses given under the auspices of the Foundation. It is pleasant to find that two Canadian nurses are among this international group and that one of them, Miss G. J. Sharpe, science instructor in the School of Nursing of the Toronto Western Hospital, achieved distinction in certain

courses. Miss Sharpe held the scholarship awarded annually by the Canadian Nurses Association. The excerpts follow:

The presentation by her Royal Highness the Duchess of Kent to the students of the Florence Nightingale International Foundation, who had successfully completed the International Courses held at Bedford College for Women (University of London) in conjunction with the College of Nursing on June 26th, was a most interesting and successful

function. The Hon. Sir Arthur Stanley, G.B.E., C.B., LL.B., Treasurer of the Foundation, presided with his usual geniality and irrepressible humour. Sir Arthur Stanley said that he was particularly glad to greet Her Royal Highness in the name of those present.

The chairman then called on Miss Daisy Bridges, S.R.N., a Sister at St. Thomas's Hospital, to address those present. Miss Bridges said that to address the International Students at this farewell gathering was both an honour and a privilege. She would not have the courage to speak at all before such a distinguished audience, did she not know that what she said would be accepted in the spirit in which it was meant, which was one of humility, of sincerity and good comradeship, and that she spoke not only for herself, but on behalf of great numbers of British nurses who would follow closely the record of the future achievements of the students and who wished them well.

The chairman then invited Miss Jebb to address the meeting, saying that he need not introduce to this assembly at Bedford College their much-honoured and beloved Principal, Miss Jebb. Miss Jebb said that the value of these courses to an academic person like herself was that the students gained something in addition to professional knowledge. They saw things from a different aspect. She felt a great interest in the course because of its broad educational advantage. There had been a very interesting development this year. It had been possible hitherto to arrange for students on their way back to their countries to see something of the nursing service in the countries through which they passed. That had been done this year on a more extensive scale.

Sir Arthur Stanley then invited the Duchess of Kent to present the certificates, and Miss Jebb announced the name of each as she appeared before the Duchess, and briefly stated the work she hoped to take up: Miss M. W. Astley will return to her post as sister-tutor in Auckland, New Zealand. Miss S. C. Bovill has just been appointed assistant matron, Manchester Royal Infirmary. Miss K. Bratt (distinction in psychology) has been appointed sister-tutor at Sahljren's General Hospital, Gothenburg, Sweden. Miss Y. Hentsch expects to return to her own hospital in Lausanne in an administrative capacity. Miss G. Holden will return to her post in the Zenana Bible and Medical School, Canada Hospital, Nasik, Bombay Presidency, India. Miss K. Lauraviciute is returning to the Lithuanian Red Cross in an administrative capacity. Miss J. Manuel is returning to her post of matron of

the King Edward Hospital in Indore, India. Miss A. C. Neill is returning to a post of supervisor at the Toronto General Hospital. Miss I. I. Pohjala has been appointed director of the State Central Preliminary School of Nursing, Helsingfors, Finland. Miss M. Reynolds will later hold the post of matron. Miss K. Scrymgeour returns to the staff of the Adelaide Hospital, South Australia. Miss G. J. Sharpe (distinction in hospital administration and hygiene) returns to her post of science instructor, Toronto Western Hospital. Miss J. G. Thompson (distinction in the whole course) is working for the Diploma of Nursing and will do temporary work at the University College Hospital. Miss K. Whitised returns as ward sister to the Leicester Royal Infirmary. Miss I. M. Abelgas has been appointed supervisor of public health nurses under the Philippine Chapter of the American Red Cross. Miss E. R. Bridges (distinction in psychology and hygiene) has been appointed assistant nurse instructor in the postgraduate school in Wellington, New Zealand. Miss M. E. Flambert (distinction in hygiene) is working for the Health Visitors' Examination and will take up health visiting in the autumn. Miss V. Dunbar returns to her position of assistant director of the School of Nursing, University of California, San Francisco.

The chairman then called on Dr. Eason, Vice-Chancellor of the University of London, to address the meeting. Dr. Eason said that he understood he was expected to address the International Students, and he was going to address them and nobody else. His message would be short. It would be in four words — and four words only — but he hesitated to say them in the presence of Sir Arthur Stanley and Dame Alicia Lloyd Still. They were: "Florence Nightingale is dead." He wished to say that, magnificent as the career of Florence Nightingale was, they must never allow themselves to be strangled and throttled by tradition. A friend of his, present that afternoon, said once: "If Florence Nightingale was the Lady of the Lamp she was also a lady with a lash." If she were here now she would lash as unsparingly as she lashed in the Crimea. Florence Nightingale was an individual, and the whole essence of progress was personality and individualism. They should always work for what they knew to be necessary without having any regard to those persons who say, "Because this is so it ought to remain so." Dr. Eason associated himself with the good wishes expressed for the success of the work of the students.

THE EDITOR'S DESK

Marching Orders

As announced in the August issue of the *Journal*, the principal feature of the current number is the publication of the full text of the resolutions adopted at the Biennial Meeting of the Canadian Nurses Association. Turn to *Notes from the National Office* and read each and every resolution carefully. Then read the leading article written by the President of the Canadian Nurses Association — having done both these things you will have received your marching orders. We know where we are going and we are on our way.

The Curriculum

The address, given by the convener of the Committee on Curriculum when presenting her report: "A proposed Curriculum for schools of nursing in Canada" to the Biennial Meeting, is published in full in this issue of the *Journal*. It deserves close study on the part of every Canadian nurse. This curriculum is not an academic abstraction conceived in a vacuum: it is a living force which will profoundly affect the life and work of nurses in Canada. The Curriculum is primarily intended for use as a guide in schools of nursing — yet its influence extends far beyond them. Upon it will be based certain standards which will be used to measure the qualifications of nurses aspiring to fill administrative, supervisory, and teaching positions. Critical appraisal of schools of nursing will be facilitated by using it. Plans for graduate study will be based upon it.

It stands to reason that although the Curriculum was accepted by the Canadian Nurses Association it is not to be regarded as having been graven on tables of stone or cast in imperishable bronze — its very format is proof to the contrary. The binding, the blank pages for comments on the part of the reader — all these show that the use to which the cur-

riculum is to be put is that defined elsewhere by the President of the Canadian Nurses Association: "Every school in Canada will now participate in the trial use of the Curriculum and be prepared to comment on it in 1938."

Readers' Guide

Under the caption of *Notes from the National Office* will be found the reports of the three Sections of the Canadian Nurses Association and of the committees dealing with the Florence Nightingale Memorial and with health insurance. These will be found more illuminating if read in relation to the text of the resolutions and the President's article which comments upon them. Δ We share the opinion of one of our friendly critics who told us the other day that "There is too much nursing organization and too little nursing practice in the *Journal* these days." Her and your attention is now drawn to Miss Penhale's admirable article on "Dietary treatment of diabetes." Miss Penhale is assistant dietitian at the Victoria Hospital, London, Ont. Δ We agree with Miss Kniseley, director of the social service department of the Toronto General Hospital, that nurses ought to know more about hospital social service. In fact we are tempted to make even a broader application of this principle Δ We had an awful time persuading the printer to spell Kennethe Haig's name with an "e." She is, of course, the well-known journalist who helps to make the editorial page of the *Winnipeg Free Press* the most brilliant in Canada. Incidentally she is a discerning and friendly critic of nurses and nursing. In "Cheering up the patient" she gives the comic relief this particular *Journal* seems to need. Δ The attention of representatives to *The Canadian Nurse* is drawn to the bright ideas expressed in "The *Journal* at the Biennial."

THE JOURNAL AT THE BIENNIAL

As indicated in the August number of the *Journal* we nobly refrained from talking about ourselves in order that more space might be available for reporting the General Meeting of the Canadian Nurses Association. Now we present the amusing comment of "Vanetta," written by Miss Electa MacLennan, who was herself the captain of the efficient young campaigners who planned and carried out the arrangements for our booth.



ON DUTY AT THE BOOTH

As will be seen in the accompanying illustration the location was excellent. All who attended any meeting whatever necessarily had to pass the booth. Yet the fact that it was placed in an alcove prevented it from being an obstruction to traffic. The general effect was one of gaiety and movement. The huge *Journal* cover which formed the background was reproduced in the original blue tones and the effect from the main foyer was so charming that Rotarians, Kiwanians (and even Conservatives!) made complimentary remarks.

The general arrangement of the booth was governed by a single objective: to show that the *Journal* serves, equally, nurses engaged in all branches of nursing service and education, and that it is the official organ of the Canadian Nurses Association. These facts were demonstrated by the boldly designed placards which surrounded the table. On the table itself were placed a series of most ingenious and amusing groups of paper dolls, each group representing a typical nursing or educational activity. Some of the dolls carried little banners setting forth the functions of our national nursing *Journal*.

Prominently displayed was a large suggestion box which we hoped would be stuffed with grand ideas by eager critics. The total number collected over the entire week was four! However, all of these were very much to the point and will be dealt with in a subsequent issue.

As graphically described by "Vanetta" the troops consisted of a captain, four lieutenants and fifteen soldiers. The complete roll of honour is as follows: *Captain*, Miss Electa MacLennan; *Lieutenants*, Miss C. Clibborn, Miss Ada Barlow, Miss D. Olmstead, Miss J. Murdoch. The troops included Mrs. Eades and Misses Olund, M. Phelps, K. McMillan, D. Barton, L. Makepeace, E. Graham, V. Williams, M. Moffatt, M. Johnson, N. Armstrong, H. Keeler, B. Underhill, F. Innes, E. Davies. The whole "army" was recruited from the Science Girls' Club of the University of British Columbia. The membership of this club is made up of women who have completed or are now taking the degree course in nursing offered by the University. Membership is also granted to nurses who, like Miss Electa MacLennan, are graduates of other universities.

But now let us survey the scene through the bright eyes of Vanetta who, in this sprightly letter to Mary, gives us her own lively version:

Dear Mary:

This week has been so full of interesting and exciting events that I just could not find time to do any letter writing. The long-awaited and much-talked-of convention is now history. All the meetings were most interesting and well attended but I can best describe it as we saw it from *The Canadian Nurse* booth.

'Tis eight o'clock on Monday morning. But this is no ordinary Monday morning — no indeed! It is June 29 — the Monday on which opened the Biennial Meeting of the Canadian Nurses Association. The Hotel Vancouver is alive with nurses and, as they step from their taxis and elevators, *The Canadian Nurse*, dressed in its shining blue, greets them from the steps of Peacock Alley. And such excitement! Nurses who have not met for years endeavour to exchange all the gossip in one short breath; young Alumnae, "conventioning" for the first time, timidly ask their way about — awed by the nonchalance of the senior members — hardened conventioners! In the midst of all this commotion (and commotion it is) stands the nurse at the *Journal* booth, calm and cool. Even after hours of directing delegates to the Wedgwood Room and the Oval Room, hungry Kiwanians to the Spanish Grill and replying, "No, madam, we are not handling the tickets for the Gardens Beautiful Tea. Sorry," to every seventh passer-by, her calm is undisturbed.

But I'm ahead of my story. It all began like this. Early in the year the Arrangements Committee asked some of the *Journal* representatives to be responsible for *The Canadian Nurse* exhibit during the week of convention. These representatives accepted their commission seriously and after great deliberation and careful consideration developed this plan:

Firstly: the exhibit shall take the form of a booth (pictured above) at which shall be posted well-informed nurses to answer queries and exchange ideas concerning the *Journal* and—perhaps—receive subscriptions. (Little did we think that our booth would be the information desk for the Conservative Convention — Yes, Madam, Room 267 on the second floor!)

Secondly: the convener of the committee shall be known as the captain and she shall appoint several lieutenants who, in turn, shall each choose four or more assistants.

Thirdly: each lieutenant will be responsible for the booth and mobile units for one day of the convention and she will need two assistants for each session held on that day.

Fourthly: the lieutenants will meet the captain before the Convention to receive complete and detailed instructions.

Such was the original plan — it really worked very well and now, with a bow to experience, we can give a few "helpful hints to hurried executives." Our first task was to appease that greedy monster, finance, before



HERE ARE CANADIAN NURSES AT WORK. TO WHICH GROUP DO YOU BELONG?

we could begin preparations on our booth. None of us being artists ourselves we sought out those among us who were — to wit, talented student nurses, occupational therapy patients and interested friends — to make our posters and models. And here is helpful hint number one: should you ever want to do a similar project, you will be surprised how much latent talent you have in your own school and hospital and, *presto*, your expense account is minimized.

Our next problem was where to turn for our assistants — with everyone apparently so busy. We were fortunate in having an organized group, the Science Girls' Club of the University of British Columbia, who were willing and glad to assist. The married members and those in school work, not being tied by hours on duty, were a godsend to the committee and, helpful hint number two: remember the married nurse — she can use her husband's car!

But don't think for a minute, Mary, that this was all work and no play. I have yet to meet the nurse who refuses to have her tea cup read. Then, too, there were the luncheon sessions, the banquet and the reception. We learned here that when people are in gala dress they are but little interested in such mundane things as magazines and records, so another time we would not assign assistants for these sessions — the visiting Rotarians will have to get their directions elsewhere.

Now that everything is over for the nonce we will have a breathing space before the Fall work starts. With such a successful experience behind us we are rather looking forward to spreading our wings a bit in other parts of the

Province. I will be interested in hearing what you are doing in your province, both locally and provincially. What do you think of the idea of having such material as posters and models available for all the provincial centres? It certainly should reduce expenses locally.

I have rambled long enough, but it was a grand convention!

VANETTA.

What Was Gained

Certainly, to quote the captain, every-one who attended was made "Journal conscious" and interest was greatly stimulated. A goodly number of new subscribers were gathered in and some backsliders brought back into the fold. And this was not all: an excellent object lesson was given concerning the proper way to help the *Journal* at Association meetings. We are sure that delegates from all the Provinces noted this.

The outlay in actual money was about ten dollars — and the exhibit is intact and will be used again at subsequent meetings in British Columbia. The cost in terms of hard work, good organization, ingenuity and artistic talent cannot easily be estimated. Yet those who worked together to make the enterprise a success seemed to feel that the effort had been worthwhile. Why? *Because they believe in our national JOURNAL.*

FATHER DAMIEN

With all honour the remains of Father Damien, a simple peasant priest, who gave his life to succouring the lepers of Hawaii nearly fifty years ago and eventually contracted the disease from which he died, were brought back to his homeland on May 3rd. The leper apostle's remains were received at Antwerp by King Leopold of the Belgians and dignitaries

of the Church. A special *Daily Sketch* picture shows the draped bier, containing the coffin, drawn by six white horses and flanked by priests and soldiers, on its way to Antwerp Cathedral. The body will finally rest in the Belgian hamlet of Tremeloo, Father Damien's birthplace.

The British Journal of Nursing.

Department of Nursing Education

REPORT OF THE CURRICULUM COMMITTEE

The National Curriculum Committee was organized under the Nursing Education Section of the Canadian Nurses Association in 1932. It was assigned the task of constructing a curriculum for schools of nursing in Canada. The committee has taken four years to complete its obligation, and the curriculum report is now prepared in tentative form for presentation at this Biennial Meeting.

It is to be emphasized that the proposed curriculum is not to be regarded as a complete or finished piece of work. It is being presented in the form of a tentative report with the idea that it will be approved by the Canadian Nurses Association for use in schools of nursing in Canada for a limited period of time. Constructive criticism will be invited during this period. Blank pages are reserved for comments at the end of each chapter, and the form of the book is such that these pages can be detached and submitted to the Curriculum Committee to assist in the work of revision.

The curriculum report represents the efforts of members of the Canadian Nurses Association throughout Canada. All Provincial Associations have participated in the work and the Curriculum Committee wishes to acknowledge and to express appreciation of the interest taken by various groups in schools of nursing, in private duty and in public health organizations. Their contributions have been most valuable.

The organization and work of the committee has been a natural outgrowth of the *Survey of Nursing Education in Canada*. The findings of the *Survey* revealed many defects in our system of nursing education. It proved to the

nursing profession that nursing education was failing to prepare the nurse for the general practice of nursing in the community. Therefore, it was with the definite idea of providing adequate nursing for Canadian people through a better general preparation of all nurses that the Curriculum Committee was appointed and assigned its task.

When the original six members met in the fall of 1932 to discuss the plan of organization, it was agreed that the preparation of a curriculum for schools of nursing in Canada was a national enterprise and demanded the strongest support of experienced nurses engaged in active nursing service in all fields. It was decided, therefore, to organize the work to secure participation throughout the Dominion. At intervals, during the past four years, reports have been published in *The Canadian Nurse* outlining the plan of organization and progress of the work, and time must not be taken at this meeting for reminiscence. Suffice it to say that a sub-committee was appointed in each province, the president as convener, and supported by the chairmen of the three provincial sections. The cooperation of these sub-committees has been appreciated.

Recommendations contained in the report of the "Survey of Nursing Education in Canada" indicated the need for some immediate adjustments in the system of nursing education in Canada, and pointed the way for a more detailed study of the administrative and teaching problems in schools of nursing. Using the findings as a basis, two questionnaire studies were prepared. The first study dealt with administrative problems, and the second dealt with the more detailed matters relating to the curriculum itself.

This report was presented at the General Meeting of the Canadian Nurses Association which took place on July 2, 1936, at Vancouver, B.C.

The studies were widely circulated and were answered by various groups and individuals. The responses to these studies were assembled and evaluated and the data secured was used as a basis for the construction of the curriculum.

The convener has taken time to make reference to this procedure in order to emphasize the fact that although the analysis or study stage of the work was time-consuming, and the assembling and evaluating of answers was somewhat of an arduous task, it was quite worth the effort. As a result of this process, this tentative curriculum report is in large measure a reflection of the best opinions of experienced nurses in Canada. The personnel of the committee, classified according to service fields, will also serve to indicate the broad area from which valuable information was secured.

There are a few specific facts regarding the curriculum report which should be stated in order that the discussion which is to follow may be based on a common understanding:

Firstly, the proposed curriculum deals with educational problems of a school of nursing within a hospital. The independent professional school of nursing may not be so remote as present conditions would indicate, but such an educational achievement can only come about gradually through a continuous effort and persistence on the part of the nursing profession to raise the standards of education of schools of nursing maintained by hospitals. It is through this avenue that, eventually, schools of nursing will be publicly recognized and supported in the same way as are other professional institutions. Therefore, this proposed curriculum deals with the more immediate adjustments in administration and teaching which in this supposedly transition stage, should be accomplished during the next few years. While extreme standardization is not recommended in any

educational system, there is urgent need for more uniformity in schools of nursing throughout Canada, and the proposals contained in this curriculum should be carefully considered by those responsible for the preparation of nurses.

Secondly, the content of the curriculum is that which should prepare the nurse for the general practice of nursing whether it be in the hospital, the home, or the community. All nursing deals with cure, prevention and health, and these three essentials of knowledge and practice should receive attention in the undergraduate course. This so-called basic course should be sufficiently broad and flexible to provide a sound foundation for later specialization in any field.

Thirdly, the construction of this curriculum has been built around the answer to the question: What are the functions of a nurse in a modern community? These functions are stated in Chapter I of the Report, which is entitled "Education for nursing service." These functions provide the aims or reasons for the selection of instruction and experiences which will qualify the student to fill her place in a modern community. An analysis of community needs will show that the student nurse of today requires a different type of preparation from that which has been provided in the past, and a complete summary of adjustments which have been suggested are included in Chapter I. These adjustments, or new emphases, have a direct bearing upon the organization and function of the curriculum and indicate many changes which should be made in the curricula of schools of nursing. Chapter II, "The essentials of administration of a school of nursing", should, therefore, receive serious consideration. It is the first topic to be presented on the discussion programme which follows this report.

Chapters III and IV deal with staff and students and their selection and quali-

fications are outlined in some detail. This subject constitutes the second item on the discussion programme. Chapter V deals with general principles of organization of the curriculum. It is the acceptance of these general principles which will improve the quality of education and bring about more uniformity in the general plan of education in schools of nursing throughout Canada. The essentials of education which must be provided for in the curriculum are stated in the beginning of the chapter.

While a general plan of classroom and clinical experience is proposed, and approximate time periods suggested in connection with the various courses of instruction and practice, no definitely prescribed time limits are stated. It would appear that an over-emphasis has been placed upon the number of hours assigned to various courses in schools of nursing; there has been a tendency to judge the quality of courses by the number of hours assigned to their instruction, rather than by the quality of teaching, the selection of subject matter, and many other factors which make for effective learning. When the courses outlined in this proposed curriculum have been tested in the schools and a better idea has been obtained of the detail of subject matter which is needed, then the time element will be more easily determined.

Chapter VI logically follows, dealing with the outline of courses. This chapter will be of particular interest to teachers and supervisors. It was the general opinion that fewer and better courses should be included in the curriculum. Accordingly an attempt has been made to simplify, co-ordinate and integrate all necessary instruction and practice. It is impossible, in this short session, to explain the whole plan in detail. Attention is drawn to the fact that there is no course entitled "Psychology"; such necessary knowledge forms an integral part of the

course in mental hygiene. The outline of the instruction in mental hygiene and psychiatry is not the work of the Curriculum Committee, but is a contribution of the Canadian National Committee on Mental Hygiene. The course "Personal hygiene", which in many schools has been taught in relation to the health of the systems of the body, has been entirely reorganized. Student nurses should believe themselves to be potential health teachers, and the plan suggested is that of a method course in which principles and methods of teaching are discussed in relation to appropriate subject matter for teaching purposes. The personal health instruction which the student nurse will need is to be given through the health service, which should function to meet the individual needs of the students. The chapter dealing with staff suggests the inclusion of a well-qualified public health nurse on the teaching staff, and it is proposed that she should be responsible for the organization of the health service and for instruction in health education. Sociology has not been set up as a separate subject, but it forms an integral part of the course "Community health and social needs", which is designed for the third year, previous to a period of community nursing experience. The History of Nursing outline is the result of a group project, undertaken by the students, of this last year, in the School for Graduate Nurses, McGill University. It is continued in a course which is given at a later time, entitled "Opportunities, trends and developments in nursing." It was the general opinion that ethics of nursing should not be taught as a formal subject, but rather that ethical problems should be discussed in connection with actual experience. An attempt has been made, therefore, to include the discussion of ethical and professional problems in the course in question.

Chapter VII follows, dealing with cli-

nical experiences and effective methods of teaching and learning in contact with actual nursing situations. It is the general consensus of opinion that much more attention should be paid to the organization of the clinical programme, and to better teaching and supervision of students in their practice fields. The essential services which are recommended are: medical (including communicable diseases), surgical, paediatrics, obstetrics, and a period of community nursing. Should these services not be available in the home school, the question of affiliation arises. The problem of securing for every student a period of experience with a public health organization is one of vital concern, and the situation has been stated as clearly as possible in the concluding paragraphs of the chapter. Chapters VI and VII, therefore, outline the whole plan of classroom, clinical and community experience and these phases also have a place on the discussion programme.

Chapter VIII, which is the last, discusses in a very general way tests and measurements, and records. The staff of the Ottawa Civic Hospital accepted the responsibility of collecting and evaluating records. A splendid piece of work has

been accomplished. It is suggested that a committee should be appointed which will continue this work. There are, however, four sample forms included at the end of the book, two of which are efficiency records. Schools of nursing using this form of record realize that the qualities of students can be rated much more objectively than has been possible by previous methods. Suggestions for improvement of these records will be invited at a later date.

With the publication of this tentative report in the form of "A Proposed Curriculum for Schools of Nursing in Canada", the Curriculum Committee has completed its first task. The next two years, 1936 to 1938, are suggested as the trial period for the Curriculum, constructive criticism to come as the result of its use during this period. For this purpose wide distribution of the proposed Curriculum should be encouraged. The National Office of the Canadian Nurses Association will no doubt accept responsibility for this distribution. The following two-year period, 1938 to 1940, might be anticipated as the possible period of revision, although a longer period of use may be advisable.

MARION LINDEBURGH, *Convener.*

A PROPOSED CURRICULUM FOR SCHOOLS OF NURSING IN CANADA

This publication gives the full text of the findings and recommendations of the Committee on Curriculum. The price is one dollar. Copies may be obtained from

MISS JEAN S. WILSON

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Department of Public Health Nursing

HOSPITAL SOCIAL SERVICE

J. M. KNISELEY, Director, Social Service Department, Toronto General Hospital.

Dr. Cabot once jokingly described the hospital social service department as the "shock absorber of the institution." It may be that, but it is something more. It plays a very definite part in the cure and prevention of disease. The very presence of the patient in hospital is due to the fact that some defect in health has already made itself manifest; hence, our first contact with him is in an effort to cure. While it is the physician who must examine, diagnose and treat the patient, it is the social service worker upon whom rests the responsibility for securing information about his home, his work, his family or his worries, if the diagnosis—in some cases at least—is to be more than a provisional one. Once the diagnosis is made there follows the treatment, and it is the duty of the social service worker to discover whether or not the environment is conducive to recovery, and if there are facilities for carrying out the treatment prescribed. This information is of value in the treatment of both ward and clinic patients.

If the intensive treatment he has received in hospital is not to be an economic loss, some follow-up supervision must be given on his discharge from the wards. Unless a man suffering from inflammatory rheumatism goes to a comfortably warm home and is supplied with sufficiently warm clothing, and a proper diet, what avails it that he has spent weeks in hospital under expert treatment? When a child, living under sordid conditions, is admitted to hospital suffering from a nervous ailment which has robbed her of the power to walk, and talk and eat, what avails it if, after months of intensive treatment which has resulted in recovery from this functional disorder, she is al-

lowed to return to the environment which caused it? Surely the social service nurse is doing good team-work with the physician when she sees that satisfactory provision is made for these patients, and surely she is contributing her share toward the saving of man-power and money for the country, to say nothing of the part she is playing in the alleviation of human suffering.

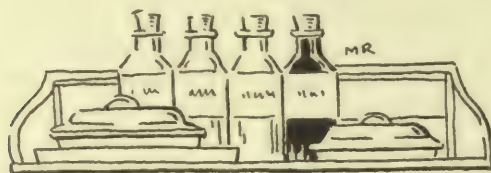
The presence of the social service worker in the clinics is of great value. The clinic patient is dependent upon his own intelligence, and his circumstances may prevent his carrying out the doctor's orders. The simplest instructions are often misinterpreted by the patient who, even if he does understand what he is to do, may not have the facilities for carrying out instructions. Here, too, it must be seen that unless there is some definite result from clinical attendance, all the time, energy, and material used in equipping and staffing the out-patients' departments are lost. Not only is this true, but it is also a fact that the regular supervision of the clinic patients serves to prevent unnecessary hospitalization.

The question is sometimes raised as to whether we, who are responsible for the admission of new patients, are not sometimes a little lax in our efforts to keep down unnecessary attendance. The following story will illustrate our efforts along that line. A mother applied at the admitting desk to have her boy of fifteen admitted to see a nerve specialist because of a speech defect. Questioning revealed the fact that this stuttering was a development of only two years' standing. The question as to what was the retiring hour for the boy brought from the mother, "There, see that? And I cannot get you

to bed before eleven or twelve." Further questioning revealed a frequent attendance at movies of the most exciting nature, and the bolting of breakfasts in order to get to school in time. The boy was refused admission to clinic, and the mother was advised to insist upon early retiring, cessation from the movies, and time for proper eating for at least two weeks. If at the end of that time there was no improvement in the boy's condition he would be admitted to the clinic for investigation. The mother seemed to be quite willing to make the trial.

Hospital social service is not essentially a relief-giving agency, though a certain

proportion of the organization's expenditure is for relief. All this follow-up supervision cannot be carried on without some spending of money. Clothing has to be given when necessary, surgical supplies must be provided for those who cannot pay for them; dentures, glasses, insulin syringes and scales may be required to complete the cure or treatment. Car tickets must be supplied for those unable to walk to clinics when they have not the means of providing them. But in the expenditure of money on relief there is always the one objective in mind: the return of the patient to his normal level of health.



COMING EVENTS

Institute

An institute has been arranged under the auspices of the School for Graduate Nurses of McGill University, which will deal with syphilis and its control. Emphasis will be placed upon the share which nurses should take in this phase of preventive medicine. Lectures and discussions dealing with various aspects of the general topic will be held on Monday evenings during the month of October at 8.15 p.m. in the Medical Building of McGill University. The fee for the entire series is one dollar. The topics have been tentatively scheduled as follows:

October 5—Syphilis: the situation in Canada and in Montreal.

October 12—What we know about syphilis.

October 19—Diagnostic and treatment possibilities and facilities. Prognosis.

October 26—Opportunities and responsibilities of the nurse in controlling syphilis.

It is hoped that all nurses will avail themselves of this opportunity of learning how best they may serve in helping to prevent, cure and control one of the worst of all plagues. Further details will be given in the October number of the *Journal*.

District Meeting

The Autumn meeting of District 5, Registered Nurses Association of Ontario, will take place at Barrie on Saturday, September 26, 1936. Afternoon and evening sessions will be held. Miss Ethel Cryderman, president of the Registered Nurses Association of Ontario, will give a report of the Biennial Meeting of the Canadian Nurses Association recently held in Vancouver.

Department of Private Duty Nursing

ON CHEERING UP THE PATIENT

KENNETHE M. HAIG, Member of the Editorial Staff, *Winnipeg Free Press*.

As one layman to another, let us put ourself on record that when it comes to hospital visiting we had almost as leave go merrily to the dentist. When it becomes harassingly clear that we must step into the ward of the whitewashed wall our character crumples. Our knees exhibit wavering tendencies. Our breathing becomes gassy. The clerk is immediately sympathetic. She takes the initiative and asks us kindly for the name of the patient. We manage to tell her. She searches her file and at once cheers up. The patient in question is well on the way to recovery. (Beyond a doubt he or she is. Else we certainly would not be there.) Just along the hall to the elevator and the nurse on the floor will direct us.

We get along quite well in the elevator but as soon as the designated section is reached the thought strikes us that perhaps we had better just leave a salutation and remove ourself. The lowest form of animal life — if that — is the position of laymen when extremely starched nurses and doctors are briskly going about their occasions. If not caught at this stage we are lost. When we do manage to get into the patient's room the things we have carefully thought up to say escape us and all we can do is smile feebly. The patient has to take charge and give us the low-down on this strange world, who is across the hall and down the way and how they are getting on, and that Number 6 is going out today, and what Number 8 was remarking in the sun-room that morning. As we are just about recovering and may be on the threshold of a coherent remark a white cap appears at the door. Nothing will then stay our flight. Well, that's

over, say we, as we reach home and take an aspirin.

Just recently, friends who manage hospitals have been telling us that it isn't that way at all. They assert that there are numbers of persons, great numbers of them, who positively gloat on visiting these institutions. They will visit when they are wanted and when they are not wanted. They come under various classes, some entering in several. We did not hear that any one person attained them all, but the hospital people got too gloomy as they broke down and told all, to give a definite answer on that point.

There are the visitors who bring small children with them, just to give the patient a treat. There are those who honk motor horns just outside. Nothing can be done about this species. There are those who feel it beneath their dignity to pay any attention to visiting hours. They will come when it suits them. The hospitals just have those regulations for ordinary people. This type usually resent the request not to remain too long with very sick patients.

Some, perhaps irreproachable in private homes, step right out in a public institution and just let their cigarette discs fall where they may. Others who mean well bring along a snack for their sick friend, something tasty — without confiding in the nurse or doctor. Others, who must be endowed with a nerve that should be preserved in a museum, seat themselves on the patient's bed and get real chatty.

It appears that topics of conversation are not a trouble at all to certain visitors. They bring forward other people's experiences in hospitals, or explain that things are not going too well at the patient's

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home what with this and that. Others settle right in for the day with choice reminiscences of their operations.

Some — so the hospital folk assert — make themselves helpful by rearranging bandages or dressings, and some seize the opportunity to give their opinions to the nurse or doctor. This makes a big hit.

Then there are those — who must be in a class by themselves — who ask to see operations. It was at this juncture that the hospital managers got incoherent. We really do not think, however, that they had anything further to confide. There must be a limit somewhere — and they had reached it.

BOOK REVIEWS

TEXTBOOK OF PSYCHIATRY, by Arthur P. Noyes, M.D., Superintendent, State Hospital for Mental Diseases, Howard, Rhode Island. Second edition. Completely revised and reset. 321 pages. Published by the Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$2.50.

This work was originally published in 1927 and in this revised edition has been practically re-written. The aim of the book, as defined by Dr. Noyes, is as follows: "During the period which has elapsed since the first edition of this book appeared, there has been in both medical and nursing professions an increasing appreciation of the fact not only that mental and emotional problems of the patient may find expression in the guise of physical symptoms but also that the various physical diseases often create mental and emotional problems which may complicate their course and treatment. For this reason an effort has been made to bring out more clearly the fact that the physical and mental components of the personality cannot be separated and that therefore for the nurse fully to do her part in helping her patient to become a healthy, adjusted individual she must understand the needs of the mind no less than those of the body."

It may be stated at once that this objective has been fully attained. The opening chapter gives an excellent introduction to the whole subject and demonstrates with admirable clarity the modern approach to psychiatry. The chapters which deal with psycho-analysis and schizophrenia are especially good though necessarily brief. The list of references is excellent. The book as a whole is greater than the sum of its parts and is not only authoritative but readable.

GYNCOLOGY FOR NURSES, by Harry Sturgeon Crossen, M.D., Professor Emeritus of Clini-

cal Gynecology, Washington University School of Medicine, and Robert James Crossen, M.D., Instructor in Clinical Gynecology and Obstetrics, Washington University School of Medicine. Second edition. 316 pages with 365 illustrations. Cloth, \$3.00. St. Louis: The C. V. Mosby Company, 1936; Canadian Agents: McAinsh & Co. Limited, Toronto.

Part 1 of this book is devoted to a brief survey of gynecologic diseases and the treatment of them. Part 2 is devoted to a discussion of gynecologic nursing. Considerable emphasis is placed upon the details of operating room technique and a series of good illustrations make this part of the book especially valuable. The specific directions for various procedures are clearly formulated and would prove excellent check lists for use when the respective duties of the nursing staff in the operating room are being worked out. This book will be found particularly useful by nurses who wish to qualify themselves as operating room supervisors.

EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES, by Roy M. Parkinson, M.D., Head Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Third edition. 252 pages with 72 illustrations. Cloth, \$2.75. St. Louis: The C. V. Mosby Company, 1936. Canadian Agents: McAinsh & Co. Limited, Toronto.

This manual was originally published in 1925 and in its revised form is a useful and compact source of information. The first seven chapters are devoted to a brief discussion of the diseases of the eye, ear, nose and throat. Three succeeding chapters deal with operative procedures and one chapter deals with nursing care and treatment. Part Three deserves the careful attention of public health nurses for whose benefit it was written.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

RESOLUTIONS FROM THE GENERAL MEETING OF THE CANADIAN NURSES ASSOCIATION — 1936

International Council of Nurses

Resolved:

1. That the Canadian Nurses Association send its full complement of delegates, that is the President and four members, to the International Council of Nurses Congress to be held in 1937.

2. That the Canadian Nurses Association undertake to organize Congress Tours in 1937 as was done in 1933.

Florence Nightingale International Foundation

Resolved:

1. That in order to conform with the Constitution of the Florence Nightingale International Foundation a National Florence Nightingale Memorial Committee of Canada be formed, consisting of three (3) members of the Canadian Red Cross Society and four (4) members of the Canadian Nurses Association, one of whom shall act as secretary-treasurer; that the representatives of the Canadian Nurses Association be the President, the convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, Miss Elizabeth L. Smellie and the Executive Secretary.

2. That the present Florence Nightingale Memorial Committee of the Canadian Nurses Association be retained for the purpose of the completion of our pledge for 1934 to 1938 inclusive.

3. That as the expenses of the Florence Nightingale Memorial Committee are small the Canadian Nurses Association continue to carry this expense rather than debit it to the Florence Nightingale Memorial Fund.

The Curriculum

Resolved:

1. That the Canadian Nurses Association accept the publication entitled "A Proposed Curriculum for Schools of Nursing in Canada" and refer it to the Provincial Associations of Registered Nurses for experimental use within their respective borders during the next biennial period.

2. That as the Canadian Nurses Association has accepted "A Proposed Curriculum for Schools of Nursing in Canada" for a two-year experimental period and as there are members of the Canadian Nurses Association who do not speak nor read English,

Be it resolved: That a translation into the French language be made in order to allow the French Schools of Nursing to share in the two-year experiment.

University Postgraduate Courses

Resolved:

That as the educational standards for admission to University postgraduate courses for nurses vary and because the need for standardization is obvious in view of the requirements for graduate nurses seeking positions in public health, institutions, etc.,

Be it resolved: That the Canadian Nurses Association request each University giving such courses to permit only those nurses with University Entrance qualifications to enter, unless in cases where a recommendation to the contrary be made by the Director of the University School of Nursing concerned.

Dominion Registration

Resolved:

1. That whereas the principle of Dominion Registration has been re-endorsed by the Provincial Associations;

And whereas it is deemed advisable to allow further time for more intensive study by the Provincial Associations and nurses in general, before action is taken by the Canadian Nurses Association;

Therefore be it resolved:

(a) That the Committee on Dominion Registration for Nurses in Canada be re-appointed and asked to clarify its report in the light of both the discussion and the resolutions referred to it at the general session of the Biennial Meeting, July 3, 1936;

(b) That, in order to secure definite recommendations from each Provincial Association, the Report as clarified be submitted by the Committee to the Provincial Associations for study prior to their annual meetings in 1937;

(c) That, in order to allow time for adequate consideration of the Report before the Biennial Meeting in 1938, the Committee be asked to submit its final report to the Executive Committee of the Canadian Nurses Association by December 1, 1937;

(d) That the Provincial Associations be asked to consider the suggestion of extending an invitation to a member of the Committee to discuss the question with them.

Community Nursing Service Bureaux

Resolved:

1. That a committee of the Canadian Nurses Association be appointed to discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux; this committee to report back to the Executive Committee of the Canadian Nurses Association.

2. That the Executive Committee be authorized to draw upon the resources of the Canadian Nurses Association to

the extent of Four Thousand Dollars (\$4,000.00) each year for the next two-year period for the development of any experiment or experiments in the re-organization of community nursing registries or bureaux which may be authorized by the Executive Committee following the report of the special committee appointed to consider this question.

3. That the Provincial Associations of Registered Nurses be asked to proceed with plans for the re-organization of registries and that they submit their proposals to the Executive Committee of the Canadian Nurses Association for consideration by the committee appointed to study the plans for the establishment of community nursing service bureaux.

Miscellaneous

Resolved:

1. That the section of the Report of the Legislation Committee dealing with changes in the Constitution and Bylaws which affect the Canadian Nurses Association as a whole be adopted.

2. That the committee appointed in regard to the formation of religious guilds be discontinued, although all are agreed that there is a great need for emphasizing the spiritual in the life of the nurse.

3. That in order to develop the religious influence in the life of the nurse, graduate and undergraduate, the Canadian Nurses Association appoint a committee to give the question further consideration.

4. That the suggestion contained in the report of the Special Committee on Publicity for Higher Education for Nurses that this Committee be discontinued, be accepted.

5. That the Special Committee on Health Insurance and Nursing Service be continued.

6. That provision be made for the Executive Secretary to attend at least one Executive Meeting in each year, the time and place of such meeting to be decided by the President.

7. That the invitation from the Registered Nurses Association of Nova Scotia to hold the General Biennial Meeting 1938 in Halifax be accepted.

The Canadian Nurse

Resolved:

1. That following a preliminary period of active promotion, the consolidation of the gains already made, logically follows, but in order that this objective may be attained the improvement of the *Journal* itself must be the primary concern.

It is therefore resolved: That the Publications Committee be requested to report to the Executive Committee of the Canadian Nurses Association concerning (a) measures which should be taken to improve the format and content of the *Journal*; (b) ways and means by which such measures might, if approved, be put into operation.

2. That the Executive Committee study the question of the salaries of the assistants of the Editor of *The Canadian Nurse* and give increases if it is considered advisable after the matter has been given careful study.

Nursing Education Section

Resolved:

That as a motion presented during the General Meeting of the Canadian Nurses Association in 1934, recommended that the Central Curriculum Committee become a Committee of the Canadian Nurses Association, and in so much as the recommendation was referred back to the Nursing Education Section for further investigation and study;

Therefore, it is resolved: That the Central Curriculum Committee shall remain a Committee of the Nursing Education Section of the Canadian Nurses Association for a further period of two years.

Public Health Section

Resolved:

That the expenses of the Chairmen of the Sections, when attending meetings of the Executive Committee of the Canadian Nurses Association, at the request of the President, be paid from the treasury of the Association, instead of as at present, from the treasury of the Section.



REPORT OF HEALTH INSURANCE COMMITTEE

I beg to submit herewith the report of the Committee on Health Insurance and Nursing Services which was appointed by the executive of this Association, at its quarterly meeting in Regina, Saskatchewan, on December 8, 1934. The committee is composed as follows: Miss A. F. Lawrie, Regina; Miss Helen Wills, Regina; Ruby M. Simpson, Regina, convener.

In October of 1934, it was noted in the public press that the Federal Government of the day, through its Department of Pensions and National Health, proposed to call a conference in Ottawa, at a date not stated but presumably imminent, of the Ministers of Health of the various Provincial Governments,

to discuss health matters and responsibilities affecting the provinces in particular and the Dominion in general. It was freely reported that consideration of the subject of health insurance would have a prominent place on the agenda. Although health insurance had been discussed by the Canadian Nurses Association and had been given considerable attention in the report of the *Survey of Nursing Education in Canada*, no official representation had ever been made to the Dominion Government, relative to the inclusion of nursing services in any Dominion-wide plan which might be inaugurated. Considerable alarm was felt lest the health conference, in its sessions, might make

definite decision to proceed with plans and because nothing was before it on the subject, might omit entirely the essential services of nursing.

The matter was brought to the attention of the Executive of the Canadian Nurses Association at its December meeting and the small committee, to be convened by the president as outlined above, was appointed to deal with the matter. It was decided that the committee should prepare a statement, outlining necessary nursing services and their relation to health insurance, for presentation to the Prime Minister of Canada, to the Minister of Pensions and National Health in the Federal Government and, if possible, to the proposed health conference. The committee was instructed to secure assistance in the preparation of the outline from the executive of each Provincial Association, from the National Joint Study Committee and from such prominent and experienced members of the Association as they thought wise to consult. These instructions were carried out as follows:

(1) At the request of the committee a formal letter was addressed to the Prime Minister of Canada, by the president of the Canadian Nurses Association, requesting that nursing services be included in any Dominion-wide plan for health insurance which might be formulated. It was felt that this action might prove a safeguard in the event of the health conference being called, on short notice at an early date and before the outline could be completed by the committee.

(2) A preliminary outline was prepared stating briefly the organization and status of the Association and listing reasons why nursing needs should be considered in plans for health insurance.

(3) This preliminary outline was submitted to each Provincial Executive, to the National Joint Study Committee and to certain representative nurses, for criticism and suggestions.

(4) Replies, which contained helpful and constructive criticism, were received from all to whom the outline was sent.

(5) From the suggestions received, the outline was re-worded and returned to the Provincial Executives and to the National Joint Study Committee for further comment. On receipt of this it was further re-worded and presented to the Executive of the Canadian Nurses Association at the meeting of March, 1935, for approval. A copy of the outline in its final form is attached to and forms a part of this report. It will be noted that it is an *outline only* and contains no suggestion as to a plan for nursing services and health insurance. Rather it is a plea for inclusion in any plan

adopted. It was agreed that such procedure was wise since details could readily be supplied when required. Plans for the presentation of the report to Dominion Government health officials and at the health conference, were left to the committee, by the Executive. They were carried out as follows:

(1) The health conference of Provincial Ministers of Health was finally announced for April 24 and 25, 1935, at Ottawa.

(2) Miss Jean Gunn, Miss Elizabeth Smellie and the Executive Secretary of the Association, Miss Jean S. Wilson, were appointed by the President to go to Ottawa for the days of the health conference, for the purpose of the presentation of the outline as prepared. Miss Gunn assumed leadership at the President's request.

(3) Dr. George M. Weir, Provincial Secretary for British Columbia and Director of the Survey of Nursing Education in Canada, 1929-1931, consented to present the outline at the conference if the opportunity afforded, with Dr. J. M. Uhrich, Minister of Public Health for Saskatchewan, to support him. Copies of the outline were supplied to both these gentlemen considerably in advance of the conference dates.

(4) Each Provincial Association was asked to urge support from the Minister of Health of their province, through a telegram to reach him, in Ottawa, on the first day of the conference.

On the day preceding the conference our representatives were in Ottawa for interviews, previously arranged by the President, with Sir George Perley, then Acting Prime Minister, and Honourable Donald Sutherland, M.D., then Minister of Pensions and National Health. The outline on health insurance and nursing services was presented to each and assurance was received that it would be placed on permanent file for future reference. On the day of the opening of the conference our representatives were advised that permission had been granted for their attendance as observers at the sessions of the conference, formal request for which had also been made previously. Our representatives reported a most courteous reception from Federal Government officials and from those in attendance at the conference. As you know, the conference resulted in a decision to appoint a Health Commission to investigate the whole field of health services in Canada, with a view to acquiring data on state medicine and health insurance, such Commission to be composed of representatives from the medical and nursing associations and from financial, labour and insurance interests.

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The convener of the committee, as President of the Association, expressed to the Prime Minister of Canada, the thanks of the Association for courtesy extended to our representatives and sincere appreciation of the intention to include a representative of our Association on the Health Commission when appointed and offered whole-hearted co-operation in the work of the Commission. To date the Commission has not been appointed.

The committee has done nothing further, as nothing seemed possible, with the appointment of the Commission pending. It is recommended, however, that health insurance be continued as a special committee of the Association. Such a committee would keep closely in touch with public events along this line in the various provinces and in the Dominion at large and submit such information to the Executive. A

close study should be made of the whole matter and such material as might be required by the Association in the event of the inauguration of a general plan should be, even now, in the process of preparation. This would be the responsibility of the committee, with the active co-operation of Provincial Associations and the National and Provincial Joint Study Committees.

The committee wishes to express appreciation of the splendid assistance given in its work by the Presidents and Executives of the Provincial Associations, by the National Joint Study Committee and by individual nurses throughout Canada. Special mention must be made of Miss Jean Gunn, who was untiring in her efforts and her assistance to the committee.

RUBY M. SIMPSON, Convener.

REPORT OF NIGHTINGALE MEMORIAL COMMITTEE

The work of this committee has been carried out entirely by correspondence. In the fall of 1934, and again in 1935, letters were sent to each provincial convener reminding them of the recommendations presented and adopted at the biennial meeting in Toronto, to raise an amount during the five years, commencing 1933-4, of £1,250 for scholarships and £1,250 towards the endowment fund. These letters also enlarged upon any points of interest or importance, offered suggestions, and urged a contact being made with all Alumnae Associations, student groups, local associations and married nurses who might be interested in the project.

These were followed by another letter early each year, in most cases coinciding with the

provincial annual meetings, and the results are felt by the committee to have been reasonably satisfactory. Many questions were asked by the conveners, showing a certain lack of knowledge about the whole scheme, and in 1935, following a request made to the Canadian Nurses Association executive for the publishing of fuller information, Miss Jean Wilson prepared a brochure outlining the objects of the Foundation and giving a great deal of information, presented in a very interesting and attractive way. These were sent to all provincial conveners to forward to their affiliated groups and were felt by them to be definitely helpful.

The donations received by Provinces for the three years are as follows:

	1934	1935	1936	Total	Total for 1935-6
Alberta	\$ 134.35	\$ 225.80	\$ 80.33	\$ 440.48	\$ 306.13
British Columbia	250.00	587.65	386.15	1223.80	973.80
Manitoba	255.45	223.80	531.95	1011.20	755.75
New Brunswick	140.20	190.30	190.15	520.65	380.45
Nova Scotia	30.15	113.65	121.70	265.50	235.35
Ontario	593.75	778.99	603.35	1976.09	1382.34
Prince Edward Island	50.00	50.00	50.00	150.00	100.00
Quebec	343.00	303.00	348.30	994.30	651.30
Saskatchewan	200.00	377.10	381.40	958.50	758.50
The total amounting to .	\$1996.90	\$2850.29	\$2693.33	\$7540.52	\$5543.62
or a grand total for the first three years of					\$7540.52



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Of this, two scholarships have been awarded amounting to \$2,485.03 and the sum of \$1,946.25 sent forward for the permanent endowment fund. The third scholarship has now been awarded and after it has been paid and the amount for the current year sent forward to the endowment fund there will be a balance of approximately \$614.00. It is with satisfaction that your committee announces that the entire quota for these three years has been met. In an effort to stimulate interest and also that donations could be published as well as officially acknowledged, the editor set aside a page of *The Canadian Nurse* for items of interest.

There has been very little expense attached to this committee other than multigraphing, postage and the publishing of the brochure, but your committee feels that this should be paid out of the Foundation funds rather than the general account of the Canadian Nurses Association. Each provincial association has borne the expense of collecting its own funds, thereby considerably reducing the cost to the national committee.

At the 1934 meeting in Toronto it was decided by motion that the financial progress of the Foundation was to be reviewed in 1936. The reason for this action, you may remember, was that we made a five years' pledge but had not completed the first year and the members in general session felt there might be some adjustments necessary following the subsequent two years' experience. Also, we did not know what support other countries would give. In the light of the past two years' experience as well as the first year (1933-34), your committee feels that we (the Canadian Nurses Association) can with reasonable safety pursue the same policy for the next two years, which will complete our obligation.

It may be remembered that this association sent forward certain recommendations to the inaugural meeting of the International Foundation Committee which met on July 5, 1934, and at which, unfortunately, no member of the Canadian Nurses Association was present. These recommendations were dealt with: (1) Faculty of the School of Nursing; (2) Appointment of and academic background of a nurse director; (3) Policy of receiving suggestions and recommendations from member countries; (4) Scope of development of the courses given — stressing research in nursing education as well as postgraduate courses; (5) Elective opportunities for nurses with a good command of English.

A copy of the Trust Deed of the International Foundation was received and the second ordinary general meeting at which these recommendations were dealt with as well as rec-

ommendations from other countries was held on July 2 and 3, 1935, and Miss Jean I. Gunn was appointed by the executive to represent the Canadian Nurses Association. Miss Gunn submitted a very full report.

One point which caused considerable misgiving was that, in spite of our quite active committee which has functioned for over two years, Canada was not at that time considered as being a National Committee because the Red Cross Society was not represented on it. The Canadian Red Cross Society had definitely stated its inability to contribute to the funds although it expressed interest in the Foundation. As Miss Gunn was officially representing the Canadian Nurses Association and it was evident that the International Council had adopted the policy of equal representation of the International Council of Nurses and the League of Red Cross Societies and that National Committees should be similarly organized, it was necessary to take some action. Up to this point the feeling of most of the members in Canada had been that, knowing the financial straits that the Red Cross Society was in, both nationally and provincially, it was illogical to ask it to be represented on the Foundation Committee when it could not give financial support.

With this compulsory change in policy, the Canadian Nurses Association executive then approached the Canadian Red Cross Society explaining the situation, and Lady Drummond and Colonel Buckley were appointed, thus conforming with the international constitution. The policy of the International Council of Nurses in forming this joint committee with the Red Cross Society is not surprising for we cannot forget what the League of Red Cross Societies had done for the progress of nursing in all countries, as well as financing for several years the postgraduate courses at Bedford College and later the munificent gift of the Manchester Square residence, now known as Florence Nightingale International House.

At this time also the Canadian Nurses Association executive appointed Miss Jean Wilson as secretary of the Canadian Nurses Association Foundation Committee, which has greatly facilitated matters, especially between the International Foundation and the National. When Miss Gunn reached London for the meeting in 1935 she presented a special report and endeavoured to have the situation clarified as far as Canada's position was concerned. This was satisfactorily done.

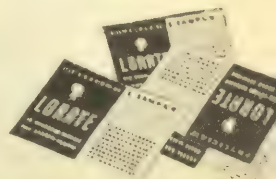
An interesting point in the report of that meeting was that the recommendations from the American Nurses Association were almost identical with those sent in by Canada, although



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they were sent almost a year later. There is no doubt that these recommendations had some bearing on the action taken by the International Committee which resulted in the generous gift by the Rockefeller Foundation for the purpose of making an exhaustive survey of the Bedford College educational facilities and all other resources available for students taking the courses, and the announcement that Miss Kathleen Russell, R.N., of the University of Toronto, had been appointed in charge of this survey gave great pleasure to our Association.

It is therefore suggested that the Canadian Florence Nightingale Memorial Foundation Committee comprise, along with the three appointed members of the Canadian Red Cross Society, four members of the Canadian Nurses Association. These members could with advantage include the president and convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association and the executive secretary who would act as secretary-

treasurer. This would form a desirable link between the two committees.

A chairman would have to be appointed and it would appear essential that a nurse member be chairman — certainly for the first few years. It is also suggested that the present Florence Nightingale Memorial Committee of the Canadian Nurses Association continue for the ensuing two years (which will complete the five years' pledge) or until the Canadian Nurses Association ceases to ask for donations through the provincial organizations. This committee would function as at present but would send the donations to Miss Jean Wilson as secretary-treasurer of the Canadian Florence Nightingale Memorial Committee instead of as secretary of the Canadian Nurses Association Committee.

In presenting this report the committee wishes to express its indebtedness to the provincial conveners for their excellent support during the past two years.

GRACE M. FAIRLEY, Convener.

ADDENDUM TO FOREGOING REPORT

As noted in the above report, and in order to conform with the constitution of the Florence Nightingale International Foundation, all countries participating in the Foundation have been requested to organize along similar lines, that is, with joint representation of their National Red Cross Society and National Nurses Association. The National Florence Nightingale Memorial Committee of Canada has now been organized and the members appointed by the Canadian Red Cross Society are Mrs. Plumptre and Miss Jean I. Gunn of Toronto, and Mrs. Angus Macdonald of Vancouver, with Miss Ruby M. Simpson, Miss Elizabeth L. Smellie, Miss Grace M. Fairley and Miss Jean S. Wilson representing the Canadian Nurses Association.

The inaugural meeting of this committee was held at the close of the recent General Meeting of the Canadian Nurses Association in Vancouver, when representatives from both groups were present. Miss Grace M. Fairley was appointed chairman and Miss Jean S. Wilson as secretary-treasurer. Plans were formu-

lated for the 1936-37 campaign.

Through the National Florence Nightingale Memorial Committee of Canada, supported by the Florence Nightingale Memorial Committee of the Canadian Nurses Association with representation from the nine provinces, it is hoped that the objective for the next two years will be obtained. The recently appointed National Committee becomes the *liaison* between Canada and the International Foundation. Among the committee's first activities will be the study of the report, when published, of the recent survey of available facilities in London for advanced nursing education. The committee will be privileged to make suggestions, or, if need be, criticisms from time to time.

As Canadian nurses have shown interest in the Foundation by their generous support, it is hoped that they will assist further by making suggestions to their provincial conveners or the secretary of the National Committee. In this way Canada's contribution to the Foundation will be more than merely financial.

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REPORT OF THE NURSING EDUCATION SECTION

The activities of the Nursing Education Section for the past two years have evolved from three sources: Firstly, recommendations passed at the last biennial meeting affecting the organization and function of the Nursing Education Section itself, and of its Curriculum Committee. Secondly, the organization in 1934 of the Committee on Instruction as a sub-committee of the Nursing Education Section. Thirdly, the continued activities of the Curriculum Committee which was organized in 1932.

The curriculum project has been the chief activity of the section for the past four years. At the time of the last biennial meeting, the Curriculum Committee was still engaged in securing and assembling data from various sources. During these last two years all information obtained has been evaluated and the curriculum has been prepared in tentative form for presentation at this biennial meeting.

The Committee on Instruction which was organized under the Nursing Education Section but two years ago, has made splendid progress. Provincial sub-committees have been formed and have become very active. Well organized programmes have been undertaken. This committee is being instrumental in drawing together more closely members in schools of nursing and in public health nursing organizations for the discussion of teaching problems, and of ways and means of broadening and enriching nursing education.

Reports from Provincial Sections as presented at the business meeting of the Section are particularly stimulating. Besides the activities relating to the Committee on Instruction and the curriculum work, refresher courses have been organized. The splendid attendance and active participation in these courses are sufficient to indicate their value.

At the meeting of the Section held on July 2, certain items of business were presented:

- (1) The question of amending the mem-

bership clause as referred by the Executive Committee of the Canadian Nurses Association to the Section at the biennial meeting of 1934. The following re-wording of the membership clause was approved: "Any member of the Canadian Nurses Association who is interested in or engaged in nursing education may become a member of the Nursing Education Section."

- (2) In regard to the proposed changes in the bylaws of the Section which were received from the Executive Committee of the C.N.A., the meeting approved the action of the executive of the Section in withholding the consideration of these changes until a later time.

- (3) The question of the Curriculum Committee becoming a committee of the Canadian Nurses Association. The plan was given careful consideration, and as a result, was forwarded to the resolutions committee. In that the resolution presented recommends that the Curriculum Committee continue as a committee of the Section, the question of a possible plan of organization for the revision period was discussed, following which it was agreed that Miss Marion Lindeburgh continue as convener, with power to appoint her committee and to undertake an effective plan of provincial organization.

- (4) Miss Gertrude Bennett, Ottawa Civic Hospital, was appointed convener of a sub-committee of the Curriculum Committee to undertake the work on records and with power to appoint her own committee.

- (5) Miss Gladys Sharpe, Toronto, was re-appointed national convener of the Committee on Instruction.

- (6) The following officers of the Section were elected for the period 1936-38: Chairman, Miss Marion Lindeburgh, Montreal; vice-chairman, Miss Edith Amas, Saskatoon; secretary, Miss E. Frances Upton, Montreal; treasurer, Miss Agnes McLeod, Vancouver.

MARION LINDEBURGH, Chairman.

REPORT OF THE PRIVATE DUTY SECTION

There has been no activity in the Private Duty Section worthy of note since the last biennial meeting. With the exception of the secretary, the officers as elected in 1934 were unable to continue in office. The vice-chairman resigned soon after the meeting, and the chairman found it necessary to relinquish office last fall. The vice-chairman who was appointed by the Executive Committee late in 1934

has endeavoured to carry on. The members of the Section regret that these changes were necessary.

Early in 1935, the chairman, Miss Chisholm, and the secretary prepared a plan of study which was sent to each Provincial Section. Many report having used various parts of this plan in arranging their programmes. Interim reports are rather difficult to obtain from the

Provincial Sections; however, a report from the Section has been made to each meeting of the national executive committee. While it is regretted that the chairman has been unable to attend the executive committee meetings of the Canadian Nurses Association, the secretary has been in a position to represent the Section.

An executive meeting was held in Vancouver on June 30, with representatives from the provinces of Alberta, British Columbia, Manitoba, Ontario and Saskatchewan.

At the business session on July 2, the reports from the Provincial Sections showed considerable activity in most provinces: two report satisfactory systems of eight-hour duty in operation, while studies of that system are being made throughout the Dominion. Community nursing service bureaux are being considered in several centres. The publications committee asked for greater interest on the part of private duty nurses in procuring material for publication in *The Canadian Nurse*—six articles only have been forwarded during the past two-year period. Following a recommendation from the legislative committee of the Canadian Nurses Association a complete revision of the bylaws of the Section was undertaken. The proposed amendments were submitted to the Provincial Sections for study and criticism and then presented at the business session on July 2. A motion was passed that the amended bylaws should go into effect immediately they receive the approval of the executive committee of the Canadian Nurses Association. Also, it was agreed that the executive committee of the Section should be empowered to elect a second vice-chairman in order that the office might be filled at once.

The programme planned for the Section meeting centred around a paper by Miss Isabel MacIntosh, entitled "The Story of Registries." It is felt that registries as we know them today are not giving adequate service, but we have faith that before long we will have succeeded in arranging a service which will more completely serve the public and the profession. In Miss MacIntosh's absence, her paper was read by Miss Pearl Brownell.

The following resolution was passed by the Section: "Whereas it is felt that there is much information of vital interest to all nurses contained in the programmes of all Sections, and whereas, in the present arrangement it is possible for nurses to attend only one Section meeting, therefore be it resolved that a resolution be presented to the Canadian Nurses Association asking that the Section meetings be held at different times in order to allow those



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belonging to the other Sections to attend the meetings of all Sections."

Six of the nine Provincial Sections submitted nominations for the election of officers. From the ticket prepared the following officers

were elected: Chairman, Miss Jean L. Church, Ottawa; vice-chairman, Mrs. F. V. Kennedy, Calgary; secretary-treasurer, Miss Helen E. Wills, Regina.

JEAN L. CHURCH, Chairman.



REPORT OF THE PUBLIC HEALTH SECTION

During 1934-36 the Public Health Section held four executive meetings and appointed committees on: Constitution and bylaws; publications; a Canadian Manual for public health nurses; to study the place of the public health nurse in social insurance schemes. In December, 1934, a suggested study outline was prepared and forwarded to the Provincial Public Health Sections. This outline included: (1) To understand community needs with particular reference to the public health nursing activities; (2) To find out if public health nursing services are adequate and to direct attention to needs that may be found; (3) To find out if public health nurses are adequately prepared for community work by schools of nursing and by self-study and staff education — and to foster educational measures where they appear to be lacking. Also, a questionnaire was sent to obtain information for a report to this General Meeting regarding the activities of the Sections and the development of public health nursing in Canada. These reports form a most valuable record and will be made available as soon as possible to each Provincial Section.

A total number of 42 general meetings and 31 executive meetings were reported by the Provincial Sections. In three provinces, subsections have been formed at various centres. All provinces have been active in educational plans and some have reported activities of a social nature as well. Prince Edward Island and Nova Scotia have not yet organized sections. Nova Scotia endeavoured to organize at their annual meeting in June, but without success. There is a total membership of 1,466 public health nurses from a total enrolment of 1,666 nurses engaged or interested in public health in Canada.

With regard to the activities of the Section at this convention, three executive and two

business meetings were held, one a luncheon session with an attendance of 119, when Miss Elizabeth Smellie, C.B.E., dealt with some reported sins of omission and commission of public health workers. At an afternoon session, Miss Kathleen Leahy, director of the Ballard Health Unit near Seattle, explained the plan for community nursing experience for the students at the University of Washington, and Miss Nancy Dunn, M.B.E., supervisor of public health nursing service at the Peace River Block health unit, outlined the conditions and need for public health nursing in the Peace River District.

Business was transacted as follows: It was decided to defer action in regard to the preparation of a Canadian Manual for public health nurses. The bylaws of the Public Health Section were amended and conveners of committees were appointed for the ensuing two years as: Publications, the chairman of the Section, Miss A. E. Wells; education, Miss Elizabeth Smith; constitution and bylaws, Miss Margaret Kerr; study of place of public health nurse in social insurance schemes, Miss Catherine Maddin.

Three resolutions were reported by the resolutions committee and endorsed for presentation to the resolutions committee of the C.N.A.

It may be of interest to mention that provinces were represented at the meetings approximately as follows:

Alberta	6
British Columbia	86
Manitoba	9
New Brunswick	1
Nova Scotia	1
Ontario	12
Quebec	2
Saskatchewan	6

The officers of the Section were unanimously re-elected as follows: Chairman, Miss A. E. Wells, Winnipeg; vice-chairman, Miss Margaret Kerr, Vancouver; secretary-treasurer, Miss Isabel McDiarmid, Winnipeg.

On behalf of the visiting members of the Public Health Section I would like to express our deep appreciation of the delightful hospitality of the members of the British Columbia Association of Registered Nurses and to thank them for all the kindly and thoughtful arrangements made for our comfort and enjoyment.

A. E. WELLS, Chairman.

A LIBRARY HANDBOOK

Once more we are indebted to our American colleagues for a piece of work which will be almost as beneficial to us as to them. The subcommittee on libraries of the Curriculum Committee sponsored by the National League of Nursing Education has published "A Library Handbook for Schools of Nursing." As a result of this monumental task, which has extended over a number of years, we now have an authoritative guide which will be available in our Canadian schools of nursing. The chairman of the subcommittee was Miss Marian Rottman Fleming and active collaboration was given by the Bellevue School of Nursing through Ann Doyle, instructor, and Ethel Wigmore, librarian. Excellent co-operation was forthcoming from the libraries committee of the American Hospital Association, from the American Library Association and from the Medical Library Association. Isabel M. Stewart is the chairman of the Curriculum Committee and was closely associated with the enterprise especially in its earlier stages.

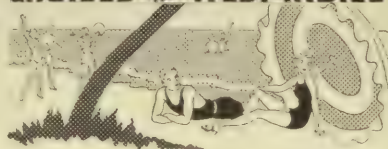
Thirty years ago the need for libraries in schools of nursing was pointed out by Miss Adelaide Nutting. Yet in 1932 the Committee on the Grading of Nursing Schools made this comment: "Half of the nursing schools in the country have less than 160 reference books in their school libraries. Seven per cent have no reference books at all. Only 11 per cent have 500 books or more. During the year, 15 per cent of the schools did not spend a single dollar for reference books, and half the schools of the country spent less than \$35.00. A good professional library needs more generous expenditures than these."

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The Biennial Convention 1936 presaged vital developments in the field of Nursing Education.

In line with the basis of the new Curriculum are the texts listed below:

Smiley, Gould & Melby
Principles and Practice of
Hygiene..... **\$2.50**

Robinson & Kirk
Introduction to Psychology **\$2.50**

Gardner
Public Health Nursing
(1936)..... **\$3.00**

Seymer
General History of Nursing **\$2.75**

Goostay & Karr
Applied Chemistry for
Nurses..... **\$2.50**

Noyes
Textbook of Psychiatry
(1936)..... **\$2.50**

Mustard
Introduction to Public
Health..... **\$2.50**

All prices subject to 20% discount. Carriage paid.

Nursing Education in 1932, the following specific recommendations were made:

"No school of nursing can carry on a sound educational staff programme without a good reference library. Provision should be made annually in the budget for this. In addition to the reference material for the student groups, a part of the library budget should be used to provide material for staff education and for special reference for head nurses, ward instructors and supervisors. Several copies of each book facilitate the use of material when groups of students or staff members are using the same references. To be of value for any length of time it must be a growing library, for in a profession as changing as is nursing there is a rapidly growing body of literature. To be of the greatest value to the students and staff a full-time librarian is essential. She should be able to guide, direct and assist all who come for help. The same rules governing libraries in colleges should obtain, so that the maximum use may be made of the books."

The subcommittee at an early meeting in 1936, planned to make five library aids available:

(1) A brief manual of suggestions for ad-

ministration of a nursing school library.

(2) A classification outline.

(3) A list of uniform subject headings for catalogues and files.

(4) A list of sources of free and inexpensive material.

(5) A list of recommended books and periodicals.

An extension of time for preparation of the book list has been granted by the Curriculum Committee. The list will be compiled in collaboration with nursing school librarians and faculty members, medical librarians and public and university librarians during the summer, and should be available in the fall of 1936.

In a letter sent to 300 schools, the directors were asked to check, in a list of ten points, those points on which they most needed help and to suggest other topics for consideration by the committee. A total of 373 letters and questionnaires were sent to directors by the committee and by individual state officers. In the 261 replies received, the individual schools checked points suggested by the committee as follows:

131 ask for help in book selection.

- 196 ask for list of sources of free and inexpensive material.
 134 ask for classification outline.
 126 ask for list of subject headings.
 123 ask for suggestions for library administration.
 129 ask for suggestions for care and fying of periodicals.
 157 ask for suggestions for care and fying of pamphlets.
 84 ask for advice about mending and binding.
 131 ask for suggestions about financing a library.
 57 ask for suggestions about securing a librarian.

The following letter is typical of many replies received, indicating a real desire to enlarge a school library service: "We have a good many books, but they are not made use of properly. There is no reason why the library should not be used unless it is because no one is in charge and no one is responsible for the books. They are not classified and no one knows whether they are all there. We have a library room in the Nurses' Home with library tables and chairs and sectional book-cases. Please send help for classification and and cataloguing and regulation of the use of books. We could assign a student or graduate to the library for a few hours per day."

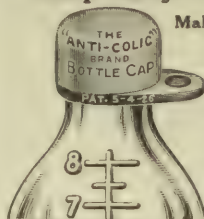
It will be noted that the majority of schools reporting have less than 750 books in their libraries, spent less than \$100 for books in 1935, and subscribe for fewer than ten periodicals. It is a hopeful sign that in thirty-eight of these schools there are full-time librarians, and in fifty-eight there are instructor-librarians; in only two, however, according to the reports, are the librarians professionally trained.

Part One of the handbook deals with the administration of a nursing school library and gives practical suggestions concerning organization, finance, physical equipment, and cataloguing. A list of fifty periodicals recommended for use in schools of nursing is given and there is a most helpful chapter giving sources from which free or inexpensive material may be obtained. In Part Two will be found a comprehensive description of the Bellevue School of Nursing list of subject headings. When the promised book list is also available — and even before — directors and instructors in schools of nursing will have at their disposal a reliable guide for organizing a library worthy of the name.

This Manual may be obtained from the National League of Nursing Education, 50 West 50th St., New York City. The price is \$2.50.

SEPTEMBER, 1936

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OBITUARY

BASTEDO — On June 8, 1936, the death occurred of Edna Bastedo, a graduate of the School of Nursing of Wellesley Hospital, Toronto. Miss Bastedo was a member of the class of 1915.

DEWAR — The death occurred on July 8, 1936, in Victoria, British Columbia, of Florence Gwendoline Dewar, beloved wife of James A. Dewar. Mrs. Dewar was a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and on the outbreak of war proceeded overseas with a British Columbia hospital unit, and served some time with the Imperial forces.

McQUADE — The death of Mary Irene McQuade occurred on Sunday, July 26, 1936, after a very brief illness. Miss McQuade was an honoured graduate from the School for Nurses of the Montreal General Hospital (class of 1925) and of the McGill University School for Graduate Nurses (class 1928). She volunteered her services in 1915 and served with the British Forces in France as a V.A.D. during the first three years of the Great War. She leaves a record of faithful service in the Laurentian San-

torium; the Desert Sanatorium, Arizona; the Chippewa Hospital, Sault Ste. Marie, Ontario; the Woman's General Hospital, Montreal, where for six years she served as assistant superintendent and instructor of nurses. During the last months of her life she was a member of the staff of the Victorian Order of Nurses in Montreal.

SPENCER — The death occurred recently of Miss Marie Spencer, a graduate of the School of Nursing of the Hamilton General Hospital and a member of the class of 1934.

WRIGHT — The death of Mary Wright occurred on June 29, 1936. Miss Wright was a graduate of the Newton, Massachusetts, Training School, and went overseas with the Harvard Unit. She served in France at Camier, and later on joined the Canadian Nursing Service, and was on duty both at Brighton and Buxton. She was an active member of the Montreal Unit of the Overseas Nursing Sisters Association and her passing is deeply regretted. She leaves a precious memory, of her kind and gracious personality, as a sympathetic comrade and friend in times of illness.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Staff, Central Alberta, Sanatorium, Calgary	\$ 5.50
Married Nurses and Interested Friends, Calgary	2.00
Staff and Students, Calgary General Hospital	15.15

A.A., University Hospital, Edmonton	10.00
Graduate Staff, University Hospital, Edmonton	23.25
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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

KAMLOOPS: During the past year the nurses of Kamloops have organized a Graduate Nurses Association. The officers elected are as follows: President, Mrs. M. Kelf; vice-president, Miss B. Bronke; secretary-treasurer, Miss B. McPherson; *social committee*, Miss K. Dayton, Miss E. Brown, Miss M. Bingham; *ways and means committee*, Miss E. Connor, Miss Palmer, Mrs. D. Warner. Several interesting and instructive addresses have been given by our doctors including an address given by Dr. J. S. Burris on thoracoplasty.

KAMLOOPS: The graduating exercises of the School of Nursing of the Royal Inland Hospital, Kamloops, were held recently, when six nurses received their diplomas and medals.

ONTARIO

DISTRICT 1

SARNIA: At the June meeting of the Alumnae Association of the Sarnia General Hospital Dr. Howard Carter gave an interesting talk on cancer. Miss Belknap, superintendent of nurses, gave an excellent paper entitled "Can you spare fifteen minutes?" The next meeting will be held in September. The following marriages are announced: Miss Barbara Culbert to Mr. James Youngman; Miss Alice C. Miller to Mr. George Whitam; Miss Gladys Rooke to Mr. David Rose; Miss Lenore Wellington to Mr. Keith Buchanan.

DISTRICTS 2 AND 3

BRANTFORD: Miss Jessie M. Wilson, assistant superintendent, Brantford General Hospital, has returned from Vancouver after attending the C.N.A. Biennial Meeting. She also visited Glacier and Yellowstone Parks. Miss Mary S. Meggitt is doing general duty in the Peel Memorial Hospital, Brampton. Miss Clara Biffin, operating room supervisor, Norfolk General Hospital, Simcoe, will spend a two months' vacation in England.

OWEN SOUND: The wedding is announced of Miss Thelma Foot to Mr. D. Earl Barkwell on July 11. The bride is a graduate of the Hamilton General Hospital and took a very active part in the activities of the Owen Sound Nurses Alumnae Association. On June 24, 1936, Miss Elizabeth Thompson was married to Mr. Elmer Armstrong. Mrs. Armstrong is a graduate of the School of Nursing of the Owen Sound General and Marine Hospital.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: Miss J. Winnifred McGregor has resigned her position on the staff of Hamilton General Hospital and will be married in August.

MARRIED: On July 4, 1936, Miss Mae Hipwell (H.G.H., 1909) to Mr. John Lamont.

MARRIED: Recently, Miss Vera Dixon (H.G.H., 1931) to Mr. David E. Bridge.

MARRIED: On July 18, 1936, Miss Dorothy Woodhall (H.G.H., 1929) to Dr. James H. Wilfong.

DISTRICT 5

MARRIED: On May 15, 1936, Miss Agnes Reid Forrester (W.H., 1931) to Dr. Robert M. Harvie.

MARRIED: Recently, Miss Bertha M. Briggs (W.H., 1935) to John M. Hagen.

MARRIED: Recently, Miss Nancy Ernshaw (W.H., 1933) to Mr. W. Manson.

MARRIED: In May, 1936, Miss Isabel Tocher (W.H., 1932) to Dr. John Sinclair.

MARRIED: On June 6, 1936, Miss Edythe E. Bovair (W.H., 1936) to Mr. George W. Scrase.

MARRIED: Recently, Miss Alexandrina Onslow (W.H., 1920) to Mr. Harold Grice.

MARRIED: In May, 1936, Miss Evelyn Cudmore (W.H., 1928) to Dr. Cullen Bryents.

OSHAWA: The graduating exercises of the Oshawa General Hospital School of Nursing were held on June 3, 1936, when ten students were graduated. Mr. Norman Somerville, K.C., of Toronto, addressed the class and the Florence Nightingale Pledge was administered by the superintendent of nurses, Miss E. MacWilliams.

QUEBEC

JEFFERY HALE'S HOSPITAL: The Misses MacKay, C. Sillers, M. Buckley and Mrs. Buttermore attended the Biennial Meeting of the Canadian Nurses Association, in Vancouver. Mrs. E. E. Binet (Mae Silas, J.H.H., 1930) visited Quebec on her return from attending the meetings of the Canadian Medical Association in Victoria with her husband, Dr. Benit.

MONTREAL GENERAL HOSPITAL: In the little cemetery at Como lies buried Miss Norah G. E. Livingstone. The Alumnae Association of the Montreal General Hospital Training School has now erected a monument over her grave. The inscription on the stone of Barre granite over Miss Livingstone's grave reads:

Norah G. E. Livingstone, May 17, 1848–July 25, 1927. Erected by the Alumnae Association of the Montreal General Hospital Training School. *In Loving Memory.*

Miss Norena S. Mackenzie (1926) was chosen as the nurse to accompany a group of young women who are visiting the British Isles under the auspices of the Overseas Educational League. Miss Louise Shepherd (1928) has resigned from the Hamilton General Hospital and has gone to England for two months' vacation. Miss Winnifred Cooke (1924) has resigned the position of instructor of nurses at the Royal Jubilee Hospital, Victoria, B.C., where she had been for the last eight years, and will rejoin the teaching staff at the Montreal General Hospital. Miss Helen Hamilton (1933) is now in charge of Ward M after completing a year of study at the School for Graduate Nurses, McGill University.

MARRIED: On July 1, 1936, Miss Enid Coffin (M.G.H., 1932) to Dr. Charles Daykin.

MARRIED: On July 7, 1936, Miss Florence E. Randall (M.G.H., 1930) to Mr. Kenneth W. Fraser.

MARRIED: On July 8, 1936, Miss Ena H. Watson (M.G.H., 1932) to Mr. Lloyd F. Somerville.

MARRIED: On July 11, 1936, Miss Mary C. Hamilton (M.G.H., 1932) to Dr. William J. Gibson.

MONTREAL: Royal Victoria Hospital. The Canadian Nurses Association has bestowed its highest honour, the Mary Snively Memorial award, upon Miss M. F. Hersey, superintendent of nurses. Miss E. Alder and Miss M. Darville have returned from the Biennial Meeting of the Canadian Nurses Association full of praises of Vancouver, and the splendour of the Rockies. An informal party was held on August 1 in honour of Miss E. Jones (1928), who has resigned from the operating room staff; she is succeeded by Miss McKone (1935). Miss E. James (1927) has resigned from her position at the Alexandra Hospital, to become a member of the Victoria General Hospital, Halifax.

SASKATCHEWAN

SASKATOON: Miss Marion Bie (S.C.H., 1933), who recently attended the School for Graduate Nurses, McGill University, was awarded one of the medals awarded by the Lieutenant-Governor of the Province of Quebec. She has been appointed as instructor at the City Hospital School of Nursing, Saskatoon.

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Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
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Second Vice-President..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary..... Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 9817-107th St., Edmonton.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slatery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMAN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.
PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg.
PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; **VICE-CHAIRMAN:** Miss C. Brewster, General Hospital, Hamilton; **SECRETARY-TREASURER:** Miss E. Frances Upton, 1396 St. Catherine St. W., Montreal.

COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Miss F. Platts, P.E.I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

ACTING CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; **SECRETARY-TREASURER:** Miss H. E. Wills, 2840 Robinson St., Regina.

COUNCILLORS: **Alberta:** Miss J. Clow, 9817-107 St., Edmonton. **British Columbia:** Miss E. Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P.

Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss P. Solomon, Charlottetown Hospital, Charlottetown. **Quebec:** Miss L. Urquhart, Apt. 20, 1832 Lincoln Ave., Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina. **CONVENER OF PUBLICATIONS:** Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; **VICE-CHAIRMAN:** Miss M. Kerr, Eburne; **SECRETARY-TREASURER:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slatery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss M. Wilson, Dept. of Public Health, Charlottetown. **Quebec:** Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, 1514-11th Ave. W., Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83rd Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 9817-107th St., Edmonton; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Treheway, 520 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board*: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 26, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Correll, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 763 Wolsley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vanderser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors*: Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Conveners of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Halburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Murie Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1: Chairman*, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3: Chairman*, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffeld, Box 612, Smiths Falls; *District 8: Chairman*, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10: Chairman*, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors*: Misses F. Connelley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 6, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors*: Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Vic-

toria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Julianne Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Uruhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convenor), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V.

B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners*: *Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt; *Executive*; Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners*: *Press*, Miss M. Moodie; *Visiting*, Miss Whale; *Programme*, Miss Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*; Mrs. T. O'Keefe; *Refreshment*; Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener*, *Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibbertson; Second Vice-Pres., Mrs. J. H. Russell;

Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill. Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmaral Place; *Committee Conveners*: *Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative for the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

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FUNDAMENTAL CHANGES IN NURSING EDUCATION

MARY BEARD, Associate Director, International Health Division, Rockefeller Foundation

To be successful as a nurse one must like people. I don't believe any of you in this audience ever knew a good nurse who did not. To like people one must know and understand them. To a nurse, the most interesting study in the world must always be the study of the people she sees about her. Louis Pasteur wrote to his fiancée, who in the French manner, he hardly knew at all: "Those who have known me very well have loved me very much." And he spoke with truth, for to know people well almost always reveals qualities we must needs admire and traits we must love.

Ethel Johns has written the best description of a nurse that I know. She says that nurses "must themselves be competent and willing to function in any capacity that the need of the patient and the nature of the situation may demand. No artificial limitations can be set. In nursing, no service, however humble, can be common or unclean." Of the patient she says: "In a word, he leans on her intelligence, judgment, and skill as well as on her devotion and willingness to serve. It is not only what she is and does which is important to him, it is what she knows. To the physician as to the patient, it is essential that the nurse shall possess knowledge and judgment as well as technical skill. Nurses themselves are keenly aware that certain personal traits

and temperamental characteristics are better suited to some types of nursing practice than to others. There is as yet no officially sponsored code of nursing ethics, but there is still a deep conviction that the exercise of the traditional nursing virtues—courage, dependability, patience and devotion—must penetrate and quicken all nursing practice which is worthy of the name."

Your own Canadian "Survey of Nursing Education" finds unequivocally in favor of its status as a profession: "an occupation which has a long-continued and rather definite preparation, represented usually by college and technical education, and has developed a standard of good conduct, basing its work on the service idea rather than on money."

We have been surveyed and studied and analyzed during the past twenty years. What are we doing about all the wise recommendations? There are, I think, definite trends to be found in the efforts that are being made to educate the young women of 1936 for this profession today. In Japan, China, Siam, European countries, Scandinavia and on our own continent we find schools of nursing which are all organized to defend certain basic principles and develop certain stated objectives. There are fundamental changes in nursing education and these are taking form and becoming vocal. "Fundamental", says the dictionary, means "a principle, rule, law or article which serves as the groundwork of a sys-

An address delivered at the General Meeting of the Canadian Nurses Association, July 3, 1936, in Vancouver, B.C.

tem." In music "fundamental bass is the root note of a chord—the generating tone of a series of harmonics." This summer, when I went to stay at our little frame house in New Hampshire, I found that the deep prolonged frost of the winter had displaced the great granite sills making its foundation. Nothing more serious could happen than this. Unless the foundation sills are firm and true and solid, the house will collapse. These four granite sills rest on the cellar walls—the cellar dug from the solid earth and the walls fortified with boulders. The earth itself opened to make the foundations of the house. The granite sills are fundamental to the building itself. It lends itself as a simile for this discussion. Are there not four major sills on which rest our best plans for nursing education? To know people in the way a nurse must know them, are there not four important fundamental subjects she must learn—four disciplines to which she must subject herself? At least, for the fun of it, let us assume that my four granite sills are the biological sciences; the social sciences; psychology; principles of teaching.

To know man, as a nurse must learn him, we must know the scientific processes that go to make up his functioning—the emotional adjustments which go along with these vital processes; the society in which man lives and the principles and practices by and through which man can be taught to live in health, which, as Florence Nightingale said, is "the ability to use well every power" that man has.

Public health nursing is: "An organized community service rendered by graduate nurses to the individual, the family and the community. This service includes the interpretation of medical, sanitary and social procedures for the correction of defects, the prevention of disease and the promotion of health. It may also include the nursing care of the sick in

their homes." Public health nurses have found that it is only when man wants to learn to change his own environment that it can be improved, so she must learn how to rouse his desire. "When the desire cometh it is a tree of life."

International Aspects

After a recent visit to Europe, Dean Goodrich writes:

We find in all countries visited increasing emphasis on nursing practice in relation to preventive medicine; a tendency to enlarge the scope of the clinical experience; to raise the educational standards for admission; and to integrate nursing activities. The strength of the English programme of nursing education, closely followed by the Scandinavian countries, is the emphasis on nursing technique in relation to the bedside care of the patient. Its weakness, the subordination of the education of the nurse to the demands of nursing service of a given hospital, general or special, through the failure to free these schools, even when independent institutions, from the needs of the hospital patients.

The schools on the Continent are more independent, but in Czecho-slovakia, Poland, the Baltic Countries, and Belgium, the great weakness lies in the clinical experience of the students. In many it is poor, in some the equipment and bedside care is wretchedly inadequate and primitive. In Poland the promise of overcoming these weaknesses is good. The legislation, the plan and programme of health activities, and the influence of the State School, achievements of barely a decade, all point toward rapid advancement.

In Finland, the one country that has paid her war debt, we find a pattern in process of weaving that gives great promise of the desired plan and programme of nursing education and nursing practice for a given unit of population. As I have already stated, she has been foremost in seeking knowledge from other countries to forward progress in her own.

In closing, let me re-affirm my conviction that the two most significant recent developments are, the establishment of the International Florence Nightingale Foundation, and the creation of the Association of Collegiate Schools of Nursing, the latter a memorial, not less than the former, to our leaders and their followers. "For their story is not graven only on stone over their native earth but lives on, far away, without visible symbol, woven into the stuff of other men's lives." — (*Pericles, "Praise of the Dead"*).

The great increase in numbers of public health nurses, such as we have seen in recent years, would not be encouraging if it were not for improvement in the quality of work they are doing. This is marked and has, I believe, been brought about by two things: first, better courses for graduate nurses in public health nursing; but especially, second, better supervision in the field. In "Public Health Nursing", January, 1936, pages 22-24, we read what fifty-seven nurses working in the country or in small urban centers have given as their opinion of the value of supervision in public health nursing. This discussion shows clearly how fast public health nursing is becoming a dignified profession with standards and aspirations like other professions. They needed most help on problems of organization and administration of service, programme planning and records. Under this heading one would class publicity, community relationships, board meetings, interpretation of policies and doctor-nurse relationships, and they have felt the least need of help on such matters as home visits, communicable disease, maternity and infancy, social problems and relief. Almost unanimously they agreed that hardest of all in their day's work is the planning of a balanced health programme and learning to know the field and the policies and practices of the organization with which they are working. Budgeting their time is difficult and they say that the hardest kind of service comes under the heads of home visiting and the correction of defects.

To the questions: What is the purpose of supervision and what is the supervisor's object in making a visit with you? the answers were varied: "For improvement of nurse, by broadening her vision"; "encouragement"; "pointing out weak points"; "stimulating an attitude of self-appraisal"; "constructive criticism"; "gives opportunity for supervisor to become acquainted with field and its prob-

lem." Another writes, "Gives supervisor chance to note if nurse is developing her special capabilities; to judge her effectiveness as a teacher; to bring stimulation and encouragement to the nurse."

Supervisors were criticized as follows: "No constructive criticism given"; "no suggestions given which would help in solving problems"; and it was suggested that better help could have been given by stepping into the clinic and actually assisting rather than observing only.

In addition to a discussion of problems at group meetings, it was felt "that specific subject matter for the development of the staff" should be presented. Finally, we find that this group of nurses would like:

- More frequent supervisory visits.
- Better qualified supervisors.
- More uniformity of policies and practices.
- More institutes and conferences.
- More uniform system of records.
- A written report of suggestions of some kind for the nurse to have after a visit.
- All supervisory criticism given first to the nurse.
- More specific suggestions and instructions.

An assured confidence is evident in the public health nursing programme of work today. The group has developed a critical sense and is in this way able to emphasize that part of the whole programme most needed in a given region at any one time. There is much greater understanding of the health officer's entire plan of work and a more united integration of the public health nurse's part in it.

Williamson County

Communities are changing and community organization for health is developing in ways which could not have been predicted ten years ago. In Canada, health insurance seems more likely to come quickly than it does with us, but in the United States, the development of health and social work in the community under the Social Security Act is already bringing about much that is different.

Recently I have been making some extremely interesting visits within the area

which is generally known as the T.V.A. Within this region, work is going forward based on a Southern Regional Study which was made in the Tennessee River Valley and the adjacent sections under the supervision of the Southern Regional Committee. The Honorable Arthur E. Morgan is chairman of the Tennessee Valley Authority and the health officer appointed for the T.V.A. is Dr. Eugene L. Bishop who, previous to this appointment, had been health officer of the State of Tennessee. To quote from an article by T. J. Woofter, Jr.:

As we enter into the phase of civilization where both industry and home comfort are dependent upon power, the determination of fair rates for power is a question of basic concern throughout the country. In the T.V.A. plan, the production and marketing of power is of first concern; and "of more local significance is the effort to co-ordinate in one coherent plan the development of the optimum functions of a stream in power, flood control, and navigation. Again national significance attaches to the phase of the programme which has to do with forest conservation." And an even greater national stake is involved in the efforts to develop the region so that the *maximum social benefit* shall accrue to the people.

It is the development of this social and health programme which is of such great interest to nurses.

Williamson County, Tennessee, comes within the T.V.A. area. The health organization in Williamson County is well developed and had been going forward with encouraging success for a number of years before the T.V.A. was thought of. The health officer and his associates are conducting a generalized programme of health work in this county. The only nursing function which is not generalized at present is that connected with the Williamson County Tuberculosis Study. Recently a further study in this county has been inaugurated. Its ultimate aims are: (1) to evolve practical methods of improving unsatisfactory mental health conditions in a rural community; (2) while giving adequate attention to control measures, to evolve a

health programme that will prevent (insofar as is possible) the development of unsatisfactory mental health conditions; and (3) to work out ways and means of adapting existing public health agencies to the execution of such a programme.

Under such changing conditions in the development of a health programme in a community as are suggested by the plans of the T.V.A., one becomes intensely interested in the vital problem of providing public health nurses capable of carrying on a nurse's part in the stimulating plans laid down.

Some Essentials

Fundamental changes in nursing education are certainly greatly needed and fundamental changes are certainly taking place. However, it is early to make an accurate comparative study of these experiments in nursing education and it would be ill judged to try to do so. In Baltimore, in Cleveland, and in Seattle, there are interesting developments of practice fields in public health nursing to which undergraduate students of nursing are being sent. Each of these centers is developing its practice field in ways which differ from the others, but in each, one recognizes that the practice field has become a *part of an educational institution* and that the fundamental change common to all those schools of nursing connected with these practice fields is that the school has passed from the amateur stage of hit-or-miss training and has become in actual truth a *school*.

Miss Lankajtes, from Warsaw, said to me lately: "Now, for the first time, I see public health nursing taught from the beginning of a nurse's education." Yet, for more than ten years Poland has been developing schools of nursing based on this principle—Miss Lankajtes herself teaching the practices of public health nursing to *pupil* nurses in the practice field in Warsaw. What she saw that was different was the application of this principle under conditions that allow of actual

individual teaching, free of all obligations to give service to patients—or to families in a health programme, other than the obligation to practice, under direction, for the sake of acquiring skills and techniques. This has been done by organizing the modern school on the following principles:

(1) The school is an independent entity or unit, having a separate budget and enjoys the direction and protection of an educational institution such as a university or college.

(2) The school has access to, co-operation with, and control of the teaching in practice fields as follows: a hospital or hospitals giving care to the following groups of patients: medical; surgical; obstetrical and gynaecological; pediatric; communicable; mental.

(3) Public health nursing fields giving generalized service with clinics, conferences and home visits are available for teaching purposes.

(4) The school has the co-operation of a Medical School for teachers and laboratories and the co-operation of the medical staff in teaching student nurses in ward practice. Its library facilities are also available.

(5) Practice in a Nursery School, to learn to apply knowledge of emotional adjustments in children is now considered essential.

Association of Collegiate Schools

The Association of Collegiate Schools of Nursing is helping us to study and tabulate the experience of schools of nursing in the United States today. I quote from an article appearing in the January number of *The American Journal of Nursing*, written by Isabel Stewart:

The first steps toward the formation of the Association of Collegiate Schools of Nursing were taken in April, 1932, when a group of representatives of university schools of nursing met informally at the nursing convention in San Antonio, Texas, to discuss ways and means of dealing with some of the problems arising out of the new relationships between nursing schools and higher educational institutions. Gratified as they were with the rapidly increasing number of schools entering into such relationship, the members of this group were nevertheless concerned about the casual way in which some of these unions were entered into and the lack of any kind of direction or control in the movement as a whole. It was agreed that the time had come to define more clearly the purposes and the standards which should control such developments and it

was felt that the best type of control could be exercised by the schools themselves. The objects of the Association as stated in the constitution are:

(1) To develop nursing education on a professional and collegiate level.

(2) To promote and strengthen relationships between schools of nursing and institutions of higher education.

(3) To promote study and experimentation in nursing service and nursing education.

Membership in the Association is restricted to schools or departments of nursing that have definitely committed themselves to the idea of developing their work on a collegiate and professional level and as a part of the system of higher education. Because of the different types of programmes offered by these schools, it was necessary to set up different standards for the schools offering combined academic and basic professional programmes and those offering combined academic and advanced professional programmes. The latter are usually designed for graduate nurses who are preparing themselves for specialized work as teachers, supervisors, or administrators of nursing schools or as public health nurses.

The difference between active and associate membership is largely a matter of the degree to which the nursing school has become identified with the college or university organization. These points are brought out in the statement of standards for active membership for schools offering combined academic and basic professional curricula in nursing: "Active membership shall be open to an accredited school of nursing definitely established as a constituent part of an accredited college or university which offers a combined academic and basic professional programme leading to a baccalaureate degree. The organization of the school shall accord with that of other professional schools in the university or college."

The Association of Collegiate Schools of Nursing is not concerned at this time in developing a large membership. It is especially anxious to bring into this group only schools that are definitely committed to progressive educational policies and that are free to control and able to command the resources necessary to support and promote these policies: (1) Good standards of nursing practice and adequate clinical resources are recognized as of primary importance. (2) While the hospitals and other agencies supplying field or practice work are considered as full partners in these educational enterprises, it is clearly understood that the determination of educational policies and the control of the programme of education must be in the hands of a body

which is primarily concerned with education. (3) Such a school must be able to command an income adequate for its needs and in no case should it be operated for profit.

Needless to say the difficulties in the way of establishing these conditions are great. I mention some of them: There is little general understanding of what nursing is. One must have an *informed public opinion* in order to establish fundamental changes in any branch of education. Our public hardly yet begins to know what we mean when we speak of an independent University School of Nursing. We need an *informed and sympathetic medical backing*. We need full *understanding and support for the School from hospital administrators*. The university will need money for the support of the school, but this will be forthcoming when there is public opinion to understand the advantages to the public, the hospital and the medical school brought about through its establishment.

A school not yet under the protection of a university but organized on such sound educational principles that it might readily become a unit of a university at any time, estimated its financial requirements for endowment, if it were to be taken over by a university, at about two million dollars but, when this affiliation failed to take place, made itself so valuable to hospital and medical school that its excellence continues to be maintained without sacrifice of essential features of a good school, and it remains even now a *School of Nursing under the support of the hospital*. In short, the hospital administrators realize that good hospital nursing service follows in the wake of a good school even when nursing students are not exploited to do hospital service at the sacrifice of their own educational needs.

The director of such a school often gives to the hospital administration the advice and guidance of an expert in the hospital nursing service. In one school I

know, such expert help is given the hospital gratis. To point this example even more vividly, this school is one in which every student is taught public health nursing and given practice in public health nursing throughout her course—which means that she is taken away from the activities of nursing in hospital wards during all the weeks necessary for public health nursing practice field work, class instruction, and excursions.

Teachers

One cannot omit mentioning the greatest difficulty of all in the effort to establish those fundamental changes necessary to better education of nurses. We have hardly any nurse teachers equipped to *organize, develop, create, discard, readjust, eliminate and add to our ever-improving curriculum*. In the biological sciences, the social sciences, the educational courses which our new young students must have, such creative teachers of nursing are essential. That we need superior teachers so much should not discourage us in view of our youth as a profession. In less than sixty years, why should we expect to be able to state clearly exactly how we fit into the social picture, exactly how many of us are needed to keep a community in health? We cannot yet differentiate our social function from that of other professional community workers—doctors, social workers and teachers of mental health. It would be unreasonable to expect to find adequate teachers in so new a profession. Have you defined and delimited nursing to your own satisfaction? I cannot do so.

The School of Nursing of the University of Toronto affords a good example of an intelligent way to go about making a teacher for a modern school of nursing. It is, of course, familiar to you but worth thinking about once more. A few years ago the department of biology of the School of Hygiene and Public Health

was giving a more than usually good course to students in the nursing course at Toronto University. It was a course unusually well adapted to the needs of the students who took it. From the department of biology came to the director of the school the suggestion that the courses could be better taught if there were a nurse teacher well enough prepared in biology to receive an appointment as a member of the faculty of the department as well as that of a teacher in the School of Nursing. The next step was that *The Canadian Nurse* published an advertisement for a nurse then teaching science in a nursing school who might wish to undertake further study in biology looking to the appointment suggested above. She was found, prepared herself for the position, and has for the past few years been adapting her knowledge and experience to the needs of the students in the School of Nursing of the University of Toronto. Not the least interesting feature of her teaching is the new light she is able to throw upon certain other courses in related sciences being taught the same group of students. For it is true that we know very little about the way to teach the basic sciences that nurses require.

In all our uncertainties as to what to teach and how to teach it, we may lean with confidence upon the fact that educated nurses are greatly in demand. There are never enough. We seem to be learning that although nurses may require as many years of preparation for their profession as doctors do, yet it will be quite different, and as we consider fundamental changes in nursing education, we may remind ourselves that our present confusions are increased by the fact that we are not starting fresh and clear to educate the young women of 1936 for the work of this changing world but that there are many of us "old" graduates, educated long ago and by virtue of our age obliged to carry the responsibilities of leadership.

For a school of nursing to have the protection of an educational institution such as a university, nurse teachers must meet college requirements for other teachers. Not many nurses of my own generation and later had a college education before their nursing course, so it has been necessary to develop for us a sort of patch-work process of education. Teachers in schools of nursing who sought a year for further study have usually had to spend it in taking courses designed to supplement an inadequate general education rather than in advanced work in the fundamental sciences or arts required in modern nursing.

The president of Skidmore College writes of its School of Nursing:

The interest of the College in the School of Nursing is so great that its earnest hope is to assure its permanence. It is contemplated that specialists in the Skidmore College faculty will be utilized to further special instruction in nutrition, hygiene, sociology, biology and psychology for the undergraduate group of nursing students. A distinctive feature of the programme of the Skidmore School lies in the fact that it is giving fundamental health education from the very beginning of the course. Students come as college freshmen between seventeen and eighteen years of age, which enables the School to shape their entire course of study with a view to providing the widest possible scientific basis, while focussing their attention from the outset on the public health concept as the directing aim of their careers. Entering freshmen are given a special course by the director of the school in the health conservation of all age groups. This leading motive is continued in the pre-clinical course at the hospital and in seminars now being set up in the sophomore college year. The special course in microbiology emphasizes disease prevention so that in this way and through constant emphasis of the public health aspects of the curriculum, the central career motive is carefully built up during the first two years and continued through the entire hospital experience.

As a supplement to the regular requirements of the curriculum, each graduating student will be urged to acquire, through internship in the tri-county health district, an experience which will qualify her for a certificate in public health and will meet the requirement of the National Organization for Public Health Nurs-

ing. State employment during the graduate period of internship has been assured.

Vanderbilt University is giving an interesting course called Nursing:

In the first quarter of each of the three terms, the biological sciences are taught under the direction of the department of biology of the university. The subjects included are those usually given in nursing schools under the titles of anatomy, physiology, chemistry, et cetera, but in this correlated course, a more vital presentation of the subject matter is possible. In the second quarter the student is introduced to the community, the family, and to individual social casework. These studies are under the direction of the professor of social sciences. In the third quarter of the last two terms, psychology and mental hygiene are taught under the direction of the professor of psychology, while in the last quarter of each of the three terms, a course called "Nursing" is given, divided as follows: (1) maintenance of health in the community; (2) maintenance of health for different age groups; and (3) curative nursing. It will be seen that contact with a sick person does not appear in this programme until the last quarter of the third term of the student's first year.

At Yale and Western Reserve Universities, more mature young women enter the first year of nursing than in these other schools, for four years of college is required for admission to these schools. It will be extremely interesting to watch the difference between these students as compared with those schools of nursing who are accepting younger girls.

The Art of Healing

And now, to conclude this paper, what is the art of healing of which nursing is a part?

Do you remember the young medical student in "Rab and his Friends"?

Do you remember his "Master," the Surgeon?

How he stood "pitying Ailie with his eyes"?

The young medical student was

Dr. John Brown himself.

He met Ailie,

And James,

And Rab

At the great gate of the hospital.

He took them to the Surgeon.

He couldn't do much for that brave and shining creature, Rab's mistress.

On the contrary, they hurt her horribly.

But yet he gave her everything that one human being can give another.
What was it?

I walked through the long wards of an Italian hospital.

A great Italian doctor took me through.

He was a surgeon and a scientist.

He had saved the lives of many mothers.

But it was not

His skills

Or his science alone

That had won him his passport to the Elysian Fields

Where he was certainly bound.

No, his passport was issued to him

Because of something else than these skills.

I know why he is great

For I saw him stop by a little cot where

A very small Italian baby slept.

I saw his hand slip under the baby's head,

I saw how the baby's comfort was increased.

He was gentle.

To him it was important

That the baby's head be comfortable.

Did you ever see Dr. Osler

With a woman whose "nerves" were
"shaken"?

All her control was gone.

Poor, feeble, pitiful thing.

She was most unattractive.

She wept often and at nothing.

She was careless of her appearance.

Her charm was quite gone

And her bright mind clouded.

To Dr. Osler she was still important.

She knew that she was important to Dr. Osler.

He brought her back to life and health.

What profits it

To have a metabolism test?

Or a meticulous blood count?

Or a Graham visualization?

Why shall I let this stranger peer at my organs

In a fluoroscope?

Wherefore

X-ray the canal of each secret tooth?

Am I not

Something besides these intimate parts of me?

Institutes and laboratories

May be good,

Slides and microscopes

May save life

But only under certain precise conditions.

I will tell you about this

For I have learned the truth.

That lovely Scottish doctor

In "Rab and his Friends"

Is not here to-day.
 Dr. Osler, too, has gone
 Upon a new adventure.
 That sweet gentleman in Italy
 I saw fix the baby's pillow
 Is far away.
 But we helpless patients
 Must still turn to
 A real Doctor . . .
 To be saved,
 To be eased,
 To be sustained
 As the case may go.

We are below par and our work suffers,
 Or we are in acute pain.
 A devil plays upon our taut strings,
 Our senses quiver, we ourselves suffer.
 The pain reaches a climax
 And ebbs, and ebbs, and is gone.

Who can take all the findings
 Of all the tests, and plates, and slides,
 And put two with two, and
 If the four is too much blurred to read,
 Say "Ah, yes, but it would be four if it were
 there to be seen?"
 We must have a wise, strong Doctor
 Who is first of all a Humanist.
 Who but the Humanist

Can fit my tests to me?
 Or fit me to the next act
 On which the curtain rises?
 And who, when all this is done,
 Will push me, almost unaware though I may be
 Of the Power that pushes,
 To the precipice edge and make me say
 "This is my precipice.
 I, myself, choose to jump over the edge."
 The Humanist
 Is there
 While I jump over.
 Is there
 After the jump.
 Is there
 Through the long impatience
 Called convalescence.
 Do not tell me
 You cannot find him.
 You cannot but find him.
 For, in your need,
 You cannot do without him.
 He is still here.
 Hunt until you do find him.
 For the great tradition
 Of The Healing Art
 Is more alive to-day than ever before.
 Then be content with nothing less than
 The Humanist.

SOME POINTED QUESTIONS

GEORGINA E. THOMPSON, Reg. N., Winnipeg, Man.

I attended the convention. I was also one of those who were "put in their place." I, too, was directed to "speak to the chandelier." But now that we are back to normal could we have some discussion on the future of nursing as a profession? Could we have an article by some one with the insight and the vision necessary to discuss the subject with a sympathetic interest? Someone who would help us to see whether it is going to be worth while for the young woman of the future to take up nursing as her life work. For after all it is the rank and file of our young graduates that we shall have to consider. There will probably always be a place for the woman with a university degree and a university postgraduate course in nursing. But is anyone interested enough in the young woman with a modest education to enlighten us as to just what the future has in store for her?

True, we are told — and there is some truth in the accusation — that we are graduating too many mediocre nurses. And yet, on the other hand, we are hearing from every side that the doctors prefer the "practical nurse." The woman who will go into the home when the mother is ill, take charge of the house, cook the meals and look after the patient. Quite a large order, I grant you, but there it is. Needless to add that the public are looking for just this type of nurse.

Those who know me at all, know that all my life I have waged many a battle in the interest of education and particularly nursing education, but I am becoming weary and discouraged, for the older I grow the more clearly I seem to see that we as a people are becoming more and more inclined to put a premium on mediocrity. Until the education of the nurse has become a public responsibility and schools

of nursing are maintained by public funds, can we hope to have nursing take its place among the professions?

Again, if we raise the educational standard of nursing until it is no longer profitable nor possible for hospitals to maintain schools of nursing, shall we have the hospitals engaging women to work on their wards as practical nurses without making any pretense at training them as professional nurses? These women will later enter the nursing field as practical nurses thus closing to the young graduate one very important branch of the field of nursing.

I understand — and I shall be very glad to be put right if I am wrong — that this very thing is now being done in some hospitals in the United States. These hospitals are engaging women on their wards to carry out the routine work of bathing patients, serving meals, answering the signals, etc. This may not seem very important at present, but it looks to me like "the thin edge of the wedge," the

entrance of the practical woman into the wards of the hospital.

Is then the actual care of the patient going to fall once more into unskilled hands? Is the highly trained, highly educated graduate to become merely a "desk nurse"; a woman of the club, and the committee and the platform until it shall be a question of whether she is really a nurse at all?

Can nursing as a profession be protected, when unlike any other profession it is open to unqualified competition on every hand?

If the young graduate in order to meet this competition decides to work as a practical nurse and charges a practical nurse's fee, why then should the young woman of the future who wishes to do bedside nursing take an intensive and exacting course in general nursing?

There are going to be some interesting developments in the near future. Could we have some discussion?

THE SWORD AND THE FAN

JEAN E. BROWNE

This is a review, not of a book, but of a remarkable article which appeared in the August number of *The Atlantic Monthly*. It explains what the fan stands for in the life of the Japanese. The fan is the symbol of good manners which the Japanese rightly consider as inseparable from morals.

The philosophic attitude, the poise, the self-control and the politeness of the Japanese have developed through the centuries, since 604, when a new Constitution was drafted by the celebrated prince reformer, Shotoku Taishi. The following extract from this Constitution may give an inkling of its purposes: "Let us cease from wrath and refrain from angry looks. Nor let us be resentful when others differ from us. For all men have hearts and each heart has its own leanings. Their right is our wrong and our right is their wrong. We are not sages, nor they unquestionable fools. Both of us are simply ordinary men."

Present day courses of study in Japan make ample provision for the theory and practice of good manners. The following excerpts are typical: "Do not laugh at foreigners, however odd they may seem to you", the child is coun-

selled: "They may have something to teach you." And again, "Always be kind to strangers. If you see one who has lost his way, make haste to help him."

It is not only in elementary and secondary schools but also in schools of nursing that rules of personal behaviour are taught. This fact seems to have escaped the notice of the writer. Nevertheless, in the ultra-modern Red Cross School of Nursing in Tokyo, *two rooms are used for the practice of etiquette*.

It would be interesting to have representative people of various countries state what they consider to be the real hall-marks of civilization. When the writer put this question to a cultured Japanese gentleman, he replied: "I think the planting of trees is a manifestation of it."

Little is said of the sword in this article, except at the beginning and the end. In the beginning, a warrior is introduced, bearing a sword in one hand, and a fan in the other. The last paragraph reads: "But there is a symbol older than the Fan thrown heavily in the balance against it. It is the symbol of the Sword."

IN TRANSYLVANIA

The northern province of Roumania is called Transylvania — a magic word and an enchanting country. Cluj is its principal city and, among other beauties, has a charming market place, gay on market days with the richly coloured costumes of the peasants who come from the fertile countryside to sell farm produce of every kind. We saw it first on a sunlit autumn morning. There were mounds of golden pumpkins, strings of red peppers, piles of purple grapes, pale green cabbages, strange poisonous-looking fungi. A chaffering noisy crowd pushed its way between the stalls, gossiping, bargaining, basking in the sun. It was a lovely sight and we never think of Cluj without remembering it.

But Cluj is more than a business centre, it is the seat of a University in which there is a famous School of Medicine. Much younger, but nevertheless a part of the University, there is also a flourishing School of Nursing. No academic degree is given but the course leads to the diploma in nursing granted by the State. The School has its own residence and, in spite of its Spartan simplicity, the student life is rich in cultural values. Some Canadian nurses will remember meeting its



ENTENTE CORDIALE

director, Madame Maria Pertia, who visited Canada under the auspices of the Rockefeller Foundation. Her charm and distinction won all hearts and her qualities as an administrator and teacher are not less remarkable. Madame Bucsan and Madame Costres were also at one time members of its public health teaching staff and both were students in the School of Nursing of the University of Toronto. Their fellow students recall with pleasure how keen and interested they were. Mademoiselle Criste, a graduate of the School and who studied in England, is the able instructor and she has a group of students whose educational background would compare favourably with that of most students in Canadian schools.

Although Roumania has several important industrial centres, it is in the countryside that one learns to know the heart of the people. The Government of the country is keenly interested in public



THE RAGGLE-TAGGLE GYPSIES



IN A PEASANT HOME

health and it is on this aspect of nursing that emphasis is placed.

The course had gradually been lengthened in order to give the students a sound basis of general nursing experience and, in addition, every student has actual experience in the public health nursing field.

In the delightful illustrations which adorn these pages you see the student nurse at work. Note the neat, becoming uniform, the practical bag, the air of happiness which she seems to bring with her into the peasant home.

One picture shows her about to enter the garden which surrounds every home. The Oriental influence is still strong in Roumania and the home is guarded from the view of passers-by by the high surrounding wall and the closed gateway. But once you enter the courtyard you see the broad porch which surrounds the house and on which in summertime so much household activity is carried on. Here hang the strings of onions, the blaz-

ing red peppers, the rich bunches of grapes from the vine.

Then you enter the house itself. Look at the happy young mother in the ceremonial bed, covered with the exquisitely embroidered linens and quilts which she brought to her new home as a bride. The bonnie babe lies on a pillow stuffed with finest down. The "holy picture" looks down benignly at this tender scene, flooded by the gay Roumanian sunshine. The student nurse, we like to think, is typical of thousands like her, who are serving with skill and devotion, the world over.

One of the most picturesque elements in the Roumanian population is the gypsy. One sees them everywhere, at the market, along the country roads in their tumble-down dwellings. Of alien blood and of strange speech, but having one gift which is a magic wand—their music. From a public health point of view the gypsies are a problem—but here is the public health nurse in the

middle of them — she is “off with the raggle-taggle gypsies . . . oh!”

The Department of Health of the Roumanian government is striving to establish many rural health centres from which radiate a diversity of services. Maternal and child hygiene, the control of tuberculosis and of venereal disease may be, and sometimes are, carried on from a single unit. Medical officers of health receive excellent preparation and a good professional relationship prevails between them and the public health nurse. Sometimes the nurse resides at the health centre but more often she has her own abode, perhaps a peasant cottage.

It was our good fortune to be in and out of Roumania many times. In the Spring we saw the long strips of linen lying out on the green grass to bleach in the sunlight. We saw the lines of quacking geese herded along by a small girl armed with a switch. Once we were in time for the vintage and drank a cup of heady new wine which was offered us —

for good fortune — in a sunny vineyard with the scent of the winepress all about us.

But whenever we think of Transylvania (and that is quite often) we remember driving along a country road one hot summer afternoon and meeting a peasant wedding procession. The bride and groom sat in a peasant cart piled high with the bride's dowry of quilts and pillows and household linen. The costumes of both were rich with embroideries, some of which had been “in the family” for generations. Two great white oxen, their long curved horns wreathed with garlands of flowers, drew the bridal car and behind it marched a group of rustic musicians playing vigorously. The machine age seemed very far away as our motor stopped to let that procession pass, and as it disappeared round a curve of the road there passed with it what for us at least is the true soul of Transylvania — its unique and irreplaceable peasant art and poetry.



A TYPICAL ROUMANIAN EXTERIOR

BETWEEN OURSELVES

At the Biennial Meeting of the Canadian Nurses Association, a suggestion box was conspicuously displayed at the *Journal* booth. It was a good big box and, in order to encourage frank criticism, unsigned communications were invited. Here was the subscriber's chance to talk back! When the meeting was over we opened the box, expecting to find it stuffed with the grisly proof of our sins of omission and commission. Rather, to our disappointment, the total catch was four slips of paper. But when we had read what was written upon them we were considerably heartened because they raised questions concerning which we have, for some time past, wanted to say something.

Now let us present the four communications verbatim. The first one we picked up read thus:

What can *The Canadian Nurse* do towards suggesting that all nurses practise public speaking particularly those holding office in their Associations?

The person who wrote this evidently had shared the sad experience described in the article entitled "We come of age," which appeared in the August issue of the *Journal*. We hope to follow this up before long by a further discussion of the elementary principles of public speaking. In the meantime, we agree that something ought to be done about it.

The second slip of paper raised a question which is a hardy perennial. It reads as follows:

Why am I receiving my renewal notice two months before my subscription is out. Has the office the wrong date?

The answer is that the *Journal* office has not got the wrong date but is simply giving the subscriber plenty of time to attend to renewal. Look at the renewal notice for a moment. You will see that it contains this statement: *Your subscription expires with the issue, in order to avoid disappointment please renew at once as it is not possible to guarantee delivery of back numbers.* The

actual month of expiry is always plainly stated. This is a polite way of telling subscribers that the *Journal* must know how many copies to order each month from the printer. Unsold copies constitute a loss which any publication which is conducted on business principles tries to reduce to a minimum. The idea is that if one intends to eat the meal one must order it ahead and not expect the cook to prepare it without any assurance that one either wants it or is prepared to pay for it.

Another slip of paper which should have been handed in (but wasn't) is an even harder perennial of the same family. Upon it would have been written something like this: "I do not wish to renew my subscription and yet you continue to send the magazine. I refuse to pay for it" — and so forth and so forth. This persistence on our part is not due to any desire to force the *Journal* upon anyone who does not want it. It is simply an attempt to dodge yet another brickbat round which is wrapped something like this: "Why have I not received my *Journal* this month? I have been a steady subscriber for umpteen years." In this case the subscriber has ignored the first renewal notice which was sent two months ahead, and also the "tickler" or second renewal notice. When at last we regretfully remove her name from the mailing list and her *Journal* fails to arrive, the indignant subscriber takes pen in hand and tells us just what she thinks of us.

The point we are trying to lead up to is this: If, as we fondly hope, you want the *Journal*, please respond to the first renewal notice if possible, or at least to the "tickler". If, on the other hand, you are resolved to try to live without us (though we don't believe you can), send us a postcard to that effect. It may not reach us in time for us to intercept the latest number which may already be in the clutches of the printer, so if this pursues you just

refuse delivery. The post office authorities will do the rest.

Now we present the third of our slips on which is written:

Could some features of interest to the married members be introduced? Technical details no longer interest us.

This gave us rather a jolt. We hauled out our mailing list and made a rapid survey. How many married subscribers do you suppose the *Journal* has? Here are the official figures:

Ontario	67
Alberta	39
Quebec	28
Manitoba	20
Nova Scotia	17
Saskatchewan	17
British Columbia	15
New Brunswick	14
Prince Edward Island	4
Other places	26
Total	247

This number constitutes a little more than six per cent of the subscribers to the *Journal* and includes a number of married nurses who are still engaged in active practice. Now comes a married nurse who asks that the *Journal* be made more attractive to married women whose chief interests quite naturally lie outside the professional field. This raises a double question: Is this a reasonable request, and if it is, what measures should be taken to comply with it? Before attempting to answer, let us look at the fourth slip,

really the pearl of the collection, which reads as follows:

We read for recreation as well as instruction, and often nurses think they have enough of nursing on duty and in text books. Many stories have appeared in our women's magazines that would have been better placed in *The Canadian Nurse*. Associate members and past graduates would then probably take an interest in the publication. You require more outside interest. In short, a magazine published for women must hold their interest! *The Canadian Nurse* is a one-track magazine.

(Signed) "AN OLD TIMER—NOT SO OLD!"

Quite evidently our married subscriber and "An old timer—not so old" agree that the *Journal* should not confine its pages to the discussion of nursing practice and organization but should enter the field now covered by such well-known publications as *Chatelaine*, which are expressly designed to appeal to women in general. The suggestion of "an old timer" is that the *Journal* should provide an escape from nursing by seeking to provide recreation rather than instruction, and that it should cease to be a "one-track magazine" devoted to professional interests only. Naturally this raises the question as to the proper functions of this *Journal*—a topic upon which we shall have something to say next month.

In the meantime: why don't you talk back? For the purpose of this discussion only, the ruling against anonymous letters will be temporarily suspended.

RHEUMATIC AFFECTIONS

There are probably no pathological conditions which play a greater roll in every day life than do those generally referred to as "rheumatic affections." Muscular rheumatism, sciatica, lumbago, neuritis, arthritis, are the cause of a tremendous amount of disability in all classes of society. Such conditions require heat as part of the routine treatment, and there is no better way of applying it locally than through the medium of Antiphlogistine,

which maintains its heat and may be left applied for hours. Antiphlogistine helps to resolve the inflammatory deposits, to reduce congestion in the deeper parts, to ease the pain and to improve the range of movement.

Where long-retained heat, as well as capillary-stimulating medication, is an essential phase of therapy, frequently a cataplasm is the best means of application.

MISS HARTLEY RETIRES

After thirty-seven years of active professional practice Miss A. J. Hartley, Matron of the Christie Street Hospital, Toronto, enters upon a well-earned retirement. She will make her home in Brantford, where her family is well known. Miss Hartley is a graduate of the School of Nursing of the Toronto General Hospital. After holding several important positions, she went overseas in May, 1915, as matron of No. 4 Canadian General Hospital. She afterwards served in France, Malta, Gallipoli, Salonica and on a Hospital Ship. She received the Royal Red Cross (First Class) and Bar from the hands of the late King George V and was twice mentioned in despatches. Upon her return to Canada in July, 1919, she was appointed Matron of Burlington D.S.C.R. Hospital and in 1920 became Matron of the Christie Street Hospital, Toronto. In 1927 she was appointed Chief Matron of Pensions and National Health Hospitals of Canada. In the same year she was awarded the Florence Nightingale medal bestowed by the International Red Cross Society for distinguished military service. She was also the recipient, in 1935, of the King's Jubilee medal.

Miss Hartley was beloved by her nursing staff and by her patients and their good wishes follow her in her retirement. The accompanying portrait shows Miss Hartley wearing the

decorations awarded her for distinguished service.



ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association was held in Kentville, N.S., on June 4th and 5th inclusive. About eighty members were in attendance. Miss Marion Lindeburgh was the guest speaker, her topic being the Proposed Curriculum for Schools of Nursing in Canada. Excellent reports from the private duty, public health, and nursing education Sections were presented and interesting glimpses given of the activities in the six branches of the Association.

The president, Miss Lenta Hall, spoke of the success of the campaign for the *Journal* and also gave a resumé of the deliberations of the executive committee of the Canadian Nurses Association. The election of officers resulted as follows: President, Miss M. Haliburton, Halifax; first vice-president, Mrs. D.

Gillis, Halifax; second vice-president, Miss A. Foster, Berwick; third vice-president, Sister Anna Seton, Halifax; recording secretary, Miss M. Saxton, Halifax; treasurer and corresponding secretary, Miss M. Graham, Halifax; *chairmen of sections*: public health, Miss A. Slatery, Windsor; private duty, Mrs. E. Haliburton, Halifax; nursing education, Miss V. Winslow, Halifax; *conveners of committees*: programme and publication, Miss G. Crosby, Halifax; legislative, Miss R. Hart, Halifax; registrar's advisory, Miss G. Strumm, Halifax; library, Miss S. Archard, Halifax; Red Cross emergency, Miss E. Browne, Halifax; nominating, Miss E. Warner, Halifax.

An invitation to hold the next annual meeting in Amherst was extended by Miss G. Smith, president of the Cumberland Branch.

THE EDITOR'S DESK

A New Horizon

The leading article this month deals with fundamental changes in nursing education and was written by Miss Mary Beard, associate director of the International Health Division of the Rockefeller Foundation. This article is, of course, the original text of the masterly address given by Miss Beard at the Biennial Meeting of the Canadian Nurses Association in July. Did you realize that its conclusion was written in blank verse? Or were you carried along so easily in the smooth current that you did not perceive the poetic form? The *Journal* is proud to have the privilege of presenting "The Humanist" to its readers because it sums up the mellow philosophy of its author, who is an international figure in the nursing world. It would be a pity, moreover, to overlook the practical aspects of this treatise. It is possible to get a hill-top view of the whole field of nursing education and to look toward the new horizon.

Could You Answer?

If anyone should suddenly ask: "What should a private duty nurse know, and be able to do?" could you answer in so many words? The committee which rashly undertook this task found it took quite a bit of doing. You probably will not be entirely satisfied with the answer—but look it over and tell us what you think about it.

The Canadian Scene

Miss Anna E. Wells has assembled a considerable amount of information concerning public health nursing in Canada and has summarized it for our benefit under the heading of "Where we stand in Canada." Under the caption of "Notes from the National Office" you will find summarized reports of the activities of the nine Provincial Associations of Registered Nurses. Taken together, you will admit that the Canadian nursing scene is decidedly animated.

About Ourselves

One of the many things we learned at the Biennial Meeting was that Canadian nurses know very little about their national *Journal*. In a succession of brief articles we hope to shed a little light. If you would like to join our torchlight procession this is your opportunity. Come one, come all.

Pointed Questions

In this number we publish a brief article written by Miss Georgina Thompson in which she asks several questions which cannot and should not be set aside. Miss Thompson is far from being alone in her contention that it is high time that nurses should face certain issues which they have hitherto preferred to ignore. In the November issue of the *Journal* considerable space will be devoted to a discussion, from several angles, of some of the points at issue. Meantime, it would do us no harm to reflect upon what Miss Thompson has to say.

A Challenge

In our correspondence columns you will find a letter from a young graduate nurse which makes some rather disturbing statements regarding the sort of atmosphere which, in her opinion, prevails in some schools of nursing. We are not sure that we entirely agree with Miss Moody but her letter is so sincere and so courageous that we draw your attention to it. At the Biennial Meeting strong emphasis was laid upon the importance of spiritual and religious values in relation to nursing education and practice. We invite comment on Miss Moody's letter, especially from some of the younger head nurses.

Opportunity Knocks

Are you young and venturesome? Do you want to go down to the sea in ships? See London, perhaps Paris? Talk with nurses from the ends of the earth? Then look at page 472 of this *Journal*. Perhaps this is your chance to make a voyage of discovery which may lead you to good fortune.

Correspondence

A New Commandment

May I add a thought to the important discussion in your correspondence columns, beginning with the letter, "The right to live"?

During the past year I have attended countless meetings where the discussions on "nursing" have thrilled me with pride, but I have also been present at a number of social gatherings where the gossip about "nurses" has overwhelmed me with humiliation. These phenomena are increasing in frequency and intensity to the point where one ponders an explanation. Something must be wrong. Four years' close contact with nurses-in-training, with people who employ nurses, and with fellow graduates of many kinds, leads one to classify the untowardness of the situation under three heads.

The most serious of these, to me, is the fact that so many student nurses are not keen about their training. They never recommend it to other girls. They complain, not of long hours and hard work, but of being disillusioned about the worthwhileness of their vocation. They find their hero-worship for staff nurses nipped in the bud. They crave to love and reverence us, and to be lured on to study harder and to do their work more beautifully, by the light of happy achievement shining in the eyes of those ahead. This is denied them. They find us discontented, and therefore harsh and unsympathetic, even discourteous to them. They suspect us of being jealous of their youth and chances for fun. They have summed up their training neatly in the phrase, "Three years hell for a bunch of roses."

Further, our public is dissatisfied, not with the modern technique method of nursing, or its cost, but with the "hard look" on the face of the girl offering her services. We demand more and more sympathy and respect from the public but we are getting less and less of their esteem.

Lastly, there is a great clarion cry to "Raise the standard of nursing," but in spite of all the splendid work that is being done, there are signs, in some centres, at least, that it is slipping back rather than forging ahead. Attendance at professional meetings is poor, and there is a definite tendency on the part of many fine graduates to abandon nursing completely, and go into some other line, apart from marriage. Many who remain are credited with slipping into unworthy off-duty activities or defiant indulgence in unrefined amusements.

Why should these things be? Is not nursing now, as ever, a noble profession? Is it not worthy of the best that is in us? Has it not enough thrill and satisfaction to keep our faces happy, and preclude the possibility of falling into temptations which assail only the bored, the empty-hearted, and the cynical?

I submit that the great underlying cause for these ills is the lack in our training schools of that mysterious force which is said to make the world go round — Love. Our mothers had it. They wept when finishing day came and they had to leave their hospital. Feature it, girls! Yet we went into training with very much the same motives as they, to learn about people, to serve them, to love them. We all wanted to put a lot into it, and get a lot out of it. Elmer Hubble says, "The love you liberate in your work is the only love you keep." Oh, how difficult it is these days, in a big busy hospital to let the slightest gleam of love break through! The result? It is the well-known "starved for love" tightness in our faces — what the patients call the "dead pan." Thirty years ago the nurses loved their hospital; they loved their staff nurses who taught them lovingly. What a rich harvest of love they reaped in return? Not because they were more efficient, or more dutiful. Not because they were more sentimental, or attractive in appearance. But they had something we have lost — a family feeling, a oneness in a good cause — the care of life.

Oh, if only we would fall in love with nursing again! What beautiful nurses we should be! How can we do it? I submit, in the same fashion as all those who have ever done any lasting service to humanity. By coming, labourers and heavy-laden, to Christ, to be filled with the happiness of His extravagant Love, to be made irresistibly lovely and loving. It is His work that we are doing. He it was who took a towel and girded Himself, and washed the disciples' feet saying, "I came not to be ministered unto, but to minister." He lends His patronage to our work; what more prestige could we want? Modern nursing sprang into birth from the new freedom and prestige that Christianity brought to women. Would it not help to raise the standard of nursing today, to make happy nurses, and adoring patients if for one moment we listened to His words, "A new commandment I give unto you, that ye love one another."

JULIA A. MOODY,
Winnipeg, Man.

Department of Private Duty Nursing

FUNCTIONS AND STANDARDS IN PRIVATE DUTY

There is need of a brief and clearly written statement concerning the functions which private duty nurses should be expected to fulfil and such a statement necessarily implies some reference to educational standards. The aim, therefore, is to present, as a basis of discussion, a preliminary outline concerning functions and standards in the private duty field.

The economic maladjustment which has been felt so severely by private duty nurses is so complex and far-reaching in its origins and implications that it cannot be dealt with here. Measures which it is hoped will lead to better distribution of nursing service are now under consideration by the Canadian Nurses Association and the united support of the nursing profession may confidently be expected. All that will be attempted is to suggest the answers to two questions: What should a private duty nurse be able to do? How may she be prepared to do it?

Functions

The functions of a private duty nurse are determined, in some measure, by what may reasonably be expected from her by those to whom she renders service. These include the patient, his household, the physician, the hospital and the community at large. The nurse, herself, as an individual is entitled to consideration and the profession as a whole has a right to be heard with respect to both functions and standards.

The patient's point of view: The patient expects his nurse to keep him comfortable and contented, to adjust herself to his household and to get along amiably with his family and friends. He knows

that illness entails treatment which is sometimes painful; he hopes that the nurse has skill and gentleness. He is frightened by the manifestations of his illness which he himself perceives. He relies upon the nurse to observe and to interpret these and to relieve them if nursing measures can give relief. He looks upon her as a continuing link between him and his physician. He counts upon her having had experience with other cases similar to his own which will help her to foresee possible emergencies and perhaps to forestall them. He draws upon her courage when his own fails him and on her resolve when his own will falters. In a word, he leans on her intelligence, judgment and skill as well as on her devotion and willingness to serve. It is not only what she is and does which is important to him; it is *what she knows*.

The physician's point of view: The physician expects from the nurse, on the patient's behalf, all that the patient does and more. He demands a personal loyalty to himself. He requires that the nurse shall build up the confidence of the patient and family in his competence and skill. He takes for granted that his orders will be meticulously carried out and that he will be kept informed of every important factor in the patient's condition as well as of any sudden change. While the nurse is debarred from making a diagnosis, she is tacitly permitted to arrange into a pattern any significant symptoms upon which such diagnosis may be based. She must be capable of assisting him in medical and surgical procedures; his needs must be foreseen and met almost before he himself is aware of them. To the physician, as to the patient, it is essential that the nurse shall possess knowledge and judgment as well as technical skill.

Report of the Committee on Functions and Standards in Private Duty Nursing. This committee was appointed by the National Private Duty Section of the Canadian Nurses Association. Its convener was Isabel MacIntosh and its members were Marjorie Buck, Jean L. Church and Ethel Johns.

The hospital administrator's point of view: The hospital administrator expects the nurse to satisfy the patient and the physician, and requires that she shall adapt herself without friction to the routine requirements of the institution and interpret to the patient the spirit of the institution.

The community's point of view: The community expects that all professional nurses shall possess the essential knowledge and the ability to teach measures to conserve health and to restore health. It requires that they shall be able to co-operate effectively with the family, with local hospitals, health and social agencies and with organized medical groups as well as with private physicians.

The nurse's point of view: While the nurse admits that the demands mentioned above are right and proper she feels that they do not cover the entire field of her professional responsibility. Nursing, as a profession, lays special emphasis on certain functions such as bedside care, observation and psychological aspects of nursing. Of these, nurses themselves are the expert critics and judges.

Bedside care: Nurses themselves have always looked upon bedside care as the fundamental nursing activity and the present system of nursing education is based on the assumption that the knowledge and skill acquired while caring for the individual patient underlies the practice of every branch of nursing. Bedside care includes such nursing procedures as are necessary to the personal comfort of the patient, the provision of suitable nourishment and the skilled administration of treatment. It also includes such household duties as may be necessary to ensure the maintenance of a favourable environment.

The domestic aspect of continuous nursing care must be taken into consideration because it is frequently a point at issue. Sickness in the home usually entails a dislocation of household routine

which, in some instances, causes as much discomfort and anxiety to the patient as does the illness itself. The average household is not organized to meet the domestic emergencies arising out of illness and there is a consequent tendency to call upon the nurse to assume the double responsibility. The fact that the nurse's fee is relatively high and that the care of the patient may not keep her continuously occupied strengthens this expectation on the part of the patient, his household, and even of his attending physician. On the other hand, the justice of such a demand is not always admitted by the nurse, who may contend that her fee is based upon the skilled service she has prepared herself to render, rather than upon her willingness to perform tasks which, useful and necessary though they may be, nevertheless lie outside the nursing field. A knowledge of the household arts is held to be necessary in the practice of nursing more because the nurse should be able to instruct and direct others than because she herself as a routine practice should render domestic service.

The double problem of providing continuous nursing care and domestic assistance in the home will never be solved until its real implications are frankly faced by all concerned. It is physically impossible for a nurse to perform heavy household tasks and, at the same time, to give adequate nursing care to a sick patient. Neither the patient nor his attending physician is justified in expecting domestic service from a professional nurse as a matter of right, except in genuine emergencies. The nurse, on the other hand, should be willing to recognize the need for the combination of simple bedside care with a measure of housework, and should be prepared either to meet that need herself or to co-operate with another type of worker to that end.

Observation: One of the most important of all nursing duties is the observation of the patient. This nursing func-

tion is extremely subtle and defies precise analysis. A nurse develops, as a result of long experience, a sort of sixth sense which enables her not only to detect instantly but to interpret correctly the significance of obscure symptoms which would escape the notice of an untrained observer. From the physician's point of view this faculty is most important because he himself may not be with the patient while certain symptoms are manifesting themselves, but must depend entirely upon the nurse for information which may cause him to modify his whole course of treatment.

The ability to observe and to interpret is perhaps the most outstanding characteristic of the professional nurse. Manual dexterity can be acquired by a non-professional worker simply as a result of continued practice; expert observation requires not only the discriminating use of highly trained senses but also the exercise of balanced judgment, based on scientific knowledge as well as experience. The faculty of observation is closely allied to the ability to rise to the emergencies of illness. It is necessary to recognize the nature of an emergency before appropriate measures can be taken to deal with it.

Psychological aspects: The necessity for observation and interpretation is not confined to the physical manifestations of the patient's illness. His environment, his family and social relationships, his domestic and financial responsibilities, are all factors affecting his recovery. Every professional nurse must be as sensitive to these things as she is to changes in the pulse rate or an altered rhythm in breathing. All professional nurses should be able to apply, in nursing situations, those principles of mental hygiene which make for a better understanding and psychological factor in illness. There is a crying need for the application of those principles in the handling of sick people and their friends. While it has always been

recognized that the nurse ought to be able to "get along well with the patient," it is only recently that analyses of case studies have indicated to what a large extent personal relationships complicate nursing problems.

Educational Standards

In view of the functions described above it is clear that the private duty nurse requires carefully planned instruction, during the basic course, in order that she may acquire the special skills required in nursing in the home. The nursing curriculum needs building up so that the student will be better prepared than she now is for that field in which most graduate nurses are now engaged. The educational aspects which need most attention are:

Theoretical instruction: A comprehensive series of lectures and demonstrations on the technique of nursing in the home should form a part of the curriculum of all schools of nursing. This course should be given by a properly qualified private duty nurse.

Adaptation: Nurses should be taught to adapt the nursing procedures learned in the hospital so as to meet the exigencies of the household. Some supervised experience in visiting nursing would be most useful in this connection.

Household Management: While it is not the primary function of the nurse to render household service it greatly adds to her usefulness if she understands the principles of household management, especially as these are related to the purchase and preparation of food. Courses given in food and nutrition in the undergraduate course should include instruction of this nature.

Continuing education: Since nursing procedures are constantly changing with the advance of medical science, private duty nurses should strive to keep abreast of the times by means of refresher courses, institutes, and postgraduate courses.

Supervision: Since private duty nursing on a community basis will probably

involve the acceptance of the principles of supervision, mature and experienced private duty nurses should qualify themselves for positions of responsibility in connection with community nursing bureaux and registries. Departments of nursing in universities should be approached and asked to assist in planning courses of study which would be helpful to women desiring such instruction.

It is obvious that united and unremitting effort will be necessary on the part of nurses themselves if the practice of private duty nursing is to be placed on a sound educational and economic basis. The Canadian Nurses Association, through its national sections and its nine provincial units, provides the rallying point for the forces which must deal with this most challenging problem.

WHAT DO YOU THINK ABOUT IT?

A night supervisor with considerable experience has written to the *Journal* as follows:

The official organ of the Canadian Hospital Council is a monthly magazine called "The Canadian Hospital." Among its many interesting features is a page with this caption: "We would like to know—" In the July issue we find the following question—and the answer:

Question: Should our night supervisor, who is in charge of the hospital from 7 p.m. to 7 a.m., be responsible for her actions to the superintendent or the superintendent of nurses?

Answer: The term "night supervisor" covers a multitude of sins and upon investigation it is often found that such a person is the night administrator, night superintendent of nurses, dispenser, maternity supervisor, and whatever other duties can be thought up for her. If the "night supervisor" takes charge of the building during the night she is for the time being the "administrator." If she is responsible for the nursing care of patients she is also the "night superintendent of nurses," therefore she will report her administration problems to the administrator, her nursing problems to the director of nursing and so on to the other department heads whose responsibilities she assumes during the night period. If she were given her proper title of "night superintendent" or its equivalent, there would be no question of indecision about her responsibilities. This appointment is one of the most

responsible ones in the administrative group and yet all too often we find the appointee with very little authority.

Divided Authority

I agree that the position of night supervisor is one of the most important in the hospital and that far too much is usually expected of her. I also agree that she has more responsibility than power. But personally I do not agree that she should be directly responsible to any other administrative authority than the superintendent of nurses who in turn is responsible to the chief administrative officer of the hospital. If at any time it seems desirable that this officer shall confer with the night supervisor direct this can always be arranged with the superintendent of nurses.

The chief duty of any night supervisor is to see that proper nursing care is given to the patients at night. She is a member of the nursing staff and is therefore under the immediate direction of the superintendent of nurses.

In some hospitals far too much is expected of the night supervisor by way of administrative duties. Provision should be made for a junior member of the administrative staff to be on duty until at least 11 p.m. This would allow the night supervisor to do what she ought to be doing: actively supervising the work of the night nurses.

The *Journal* would be glad to hear from other nurses who are qualified to express an opinion on this question of administrative policy.

Department of Public Health Nursing

WHERE WE STAND IN CANADA

ANNA E. WELLS, Chairman, Public Health Section of the Canadian Nurses Association

This is the fifteenth anniversary of the Public Health Section as a unit of the Canadian Nurses Association, and the eighth meeting which has enabled nurses engaged in public health work to meet as a national group. An anniversary calls to mind a particular event which has a special significance for us and in this we are reminded of the aims of this section, which are:

To establish and maintain a constructive and sympathetic relationship between all nurses in Canada;

To keep the Canadian Nurses Association informed concerning the progress made in public health nursing;

To advance the cause of public health nursing by fostering a high standard of service;

To encourage mutual co-operation for the development of a sound, broad, uniform policy of education in public health nursing.

In addition to public health nurses, our membership admits any registered nurse who is interested in public health work. For instance, we find her as an assistant to a recorder of vital statistics and we find her devoting her time to promoting Junior Red Cross and other Red Cross activities. We may even find her selling insurance and annuities, and who will deny the benefits to mental health in promoting this aid to future security, even though obtained at a premium? And since our membership embraces such a wide field, we are assured of a broad and discerning outlook on public health nursing. Another value of the Section is that it is a means for urging us to work towards a

solution of the questions and difficulties to which the *Survey* directed our attention four years ago. We are all aware that we need to give more thought than we are giving at the present time to: the conditions under which nurses work in the public health field; the preparation they need and the means for securing it; their relationship to allied workers. Also important is its bearing upon public health nursing services is our responsibility as individual health workers in assisting schools of nursing to provide adequate home and community nursing experience.

In order to stimulate interest in such questions as these, a suggested outline for study was prepared with the idea of leaving it to each provincial section to work out a programme most suitable for its particular needs. It was an ambitious programme, we admit, but if it has accomplished no more than to draw attention to the work and problems in public health and social work, it has served some purpose.

During the last two years as never before, our strength and weaknesses have been shown in high relief along with other types of social services. We have had to listen to the statement that public health nursing is a failure, particularly in the task of health education. Generally speaking, as a professional group we are aware of our limitations; and we are well aware of those factors which limit the fullest development of public health nursing. Are we prepared to answer such criticism? It does raise the question as to our responsibility, as a national section for stating the general principles of public health nursing and the duties and responsibilities of the public health nurse.

This article is a summary of the report of the activities of the Public Health Section of the Canadian Nurses Association. It also summarizes the reports of the Provincial Public Health Sections. These reports were presented at the General Meeting of the Canadian Nurses Association, July, 1936.

A statement of this kind would serve as a guide, particularly for the isolated nurse.

There have been conflicting opinions as to the scope of public health nursing: I believe that these questions should be faced and that we should seek, if need be, the assistance of the allied professions who are also concerned with them, in order to find a satisfactory conclusion. There has also been the problem of unemployment at a time when, more than ever, public health nursing service seemed to be needed, although provincial reports indicate little curtailment. And yet, as relief measures have created a large field for social services, we cannot help wondering why public health nursing services have not been utilized to a greater extent. There is, as well, an urgent need for keeping the public informed regarding the value of the work of public health nurses, if we hope to secure and maintain public interest and support for adequate community nursing services. It has been said that the best machinery makes the least noise; but let us not forget that the best machinery cannot do without lubrication with the oil of public understanding, through public education and public participation.

These questions provide us with food for thought and discussion. And to encourage us in this, the reports of public health nursing activities will present a picture of national nursing service, carried on for the most part under great handicaps, which I am sure will stimulate us to further effort in working towards the objectives of our section — no matter how difficult the tasks we may set for ourselves.

Membership

There is a total membership in the Public Health Section of 1,466 public health nurses out of a total enrolment of 1,666 nurses engaged in public health nursing.

Provincial activities may be summed up as follows:

Prince Edward Island is not organized as a Section, having only five members who find it difficult to meet owing to the distance between their respective fields of work.

Nova Scotia has 63 public health nurses who have considered the formation of a Section, but have decided not to organize at present. Refresher courses have been sponsored by the Halifax Branch of the Registered Nurses Association.

New Brunswick has a membership of 29 nurses but Saint John is the only centre in the province in which there are more than three nurses employed in public health work. Here there is an active Section with a membership of fifteen. During the past two-year period, eight meetings have been held which were well attended. The members also raised nearly a hundred dollars for the benefit of the undernourished children at the Fresh Air Camp.

Quebec has a membership of 584 nurses. Fourteen executive meetings and eight general meetings were held, all of which were well attended. The early months of 1934 were given to the Curriculum study. The education committee held many meetings and also met with other groups. Four general meetings took the form of a refresher course in nutrition, which proved to be a great success.

Ontario, with a membership of 429 nurses, has held eight executive meetings, and one general meeting in each of the ten districts, the programme of which was arranged by the public health representative. The executive committee endeavoured to stimulate the district representatives to further action by supplying them with lists of the Medical Officer of Health in their districts and suggesting that a closer relationship be developed. To secure more uniform and more adequate reports from the Districts, an annual report form was prepared and distributed. Copies of the Ontario Department of Health almanac were sent to the district representatives since this publication contains much material that would assist in planning talks or arranging for group meetings.

The questionnaire received from the National Public Health Section was studied and a re-statement prepared and sent to the district representatives. There has not been time for study of these by the Districts but they will provide material for programmes for the autumn and winter. A panel session was arranged for the annual meeting, the subject being: "How may communities receive public health nursing service?" Eight jurors took part, representing tuberculosis nursing; child hygiene; visiting nursing; school nursing; generalized nursing; the Medical Officer of

Health; the private citizen. The chairman of the jury summed up the presentations fully and the papers presented have been sent to *The Canadian Nurse*.

Manitoba has 97 members. Nine executive meetings were held, and seven general meetings. A general meeting was called to discuss plans regarding the study of the Survey of Public Health Nursing. It was decided that a representative of each public health or industrial nursing group be appointed to meet the executive of the Section and make further plans. Consequently fourteen representatives met with the Executive and it was decided that groups should meet within their own organizations or with smaller groups doing similar work; and that a report of the activity of each organization should be given at the next meeting. At a later meeting reports were read from ten organizations which were most informative, giving a better understanding of the work being done in the province. Joint study groups of the Margaret Scott Nursing Mission, the Victorian Order of Nurses and the Metropolitan Life Insurance reported considerable progress. The Bureau of Child Hygiene reported a study of the report of the Survey of Public Health Nursing by the National Organization for Public Health Nursing.

Saskatchewan, with a membership of 57 nurses, has organized two branches—one at Saskatoon and one at Regina. Both branches have been active in the study of public health problems. In October, 1935, many public health nurses attended the convention of the Saskatchewan Health Officials Association. A resolution was sent from the meeting to the Department of Public Health, emphasizing the need of an increased staff of provincial public health nurses.

Alberta has a membership of fifty-two nurses at four branches, located at Edmonton, Lethbridge and Medicine Hat, with a main branch at Calgary. A total of twelve meetings were held, in which the Edmonton and Calgary branches followed "A study programme of work in Alberta and other centres."

British Columbia has a membership of one hundred and twenty nurses. Two meetings were held, and in addition, affiliation was made with the Health and Welfare Education Group and with the British Columbia Public Health Association, whose meetings were of particular interest. Refresher courses have also been held under the auspices of the Section.

Distribution

The following report regarding public health nursing services in Canada (compiled from the reports of each Provincial

Public Health Section) is an effort to give a general view of public health nursing from the Atlantic to the Pacific.

The total number of public health nurses in Canada (population of 10,711,000) is placed at 1,666 as against 1,663 in 1934. Of this number, at least 40 are engaged in generalized, and 682 in specialized work, in eight provinces. In addition there are approximately 25 nurses engaged as field health workers by the Dominion Department of Indian Affairs. Incomplete replies made it impossible to gauge the number of nurses engaged in urban, semi-rural, and rural districts. Likewise the total number of agencies, and their classification into national, provincial, municipal and private agencies could not be tabulated. Of the total number of 587 nurses engaged in specialized work in all provinces except Quebec and British Columbia the approximate number is as follows:

Maternal and child welfare nursing	250
School nursing	185
Mental hygiene nursing	2
Communicable disease nursing, including tuberculosis and venereal disease	51
Industrial nursing	78
Social service nursing	21

Prince Edward Island (population of 88,000) has five nurses employed by the Provincial Health Department in generalized rural and urban service.

Nova Scotia (population 512,846) has 63 nurses, 35 in generalized and 28 in specialized services.

New Brunswick (population 429,000) has 31 nurses, 19 generalized and 12 specialized.

Quebec (population 3,022,000) has 584 nurses employed by 16 agencies of which seven carry a generalized, and nine a specialized nursing service.

Ontario (population 3,700,000) has approximately 625 nurses, of whom 220 are engaged in generalized work by 40 agencies, and 405 in specialized services.

Manitoba (population 726,000) has 105 nurses employed by 23 agencies. In generalized work there are 31 nurses, and 74 are engaged in specialized branches.

Saskatchewan (population 770,000) has 20 agencies which employ 57 nurses; 28 nurses are engaged in generalized and 27 in specialized work.

Alberta (population 660,000) has 76 nurses of whom 37 are in generalized and 39 are in generalized rural and urban service.

British Columbia (population 725,000) has 120 nurses employed by 45 agencies, of whom 25 carry a generalized and 95 a specialized service.

Extension of Services

During the 1934 to 1936 period, new activities in which public health nurses shared were developed as follows:

Prince Edward Island: a dental survey in nine centres for the examination of 4,084 children.

New Brunswick: by establishing a course of instruction in health education and a health consultation service at the Provincial Normal School. All student teachers have a complete physical examination including X-ray of the chest within a month of admission to Normal School. This health service is also carried on for all students in the Universities of the province. Nurses have also increased the distribution of health publications, particularly in maternal and child hygiene.

Quebec: the health service for Federated Agencies in Montreal was extended with the opening of a new clinic for the Family Welfare Association. The Provincial Department of Health appointed four nurses in connection with the colonization scheme.

Ontario: the Eastern Ontario Health Unit has been developing a generalized programme of public health nursing, sanitary engineering and general health work in four counties at the eastern tip of the province, assisted by funds from the Rockefeller Foundation. The nursing staff consists of a supervisor and eight staff nurses. Approximately 57 per cent of the population of Ontario now receive public health nursing service.

Manitoba: assistance was given to the Cancer Relief and Research Institute in the raising of funds from rural residents, and increased use has been made of nursing services for social work in rural areas by relief agencies. Special activities by the Department of Health and Public Welfare have included publicity regarding the need for public health nursing service in rural areas as a means to maintain public interest in such service during the period of depression. A recent development is the passing of regulations for the licensing and supervision of boarding homes and private institutions for the aged and infirm by the Provincial Board of Health and the appointment of a member of the provincial public health nursing service to act as inspector.

Saskatchewan: the programme in health

education appears to be meeting with success. There is also an increase in the number of corrections made possible by the assistance of the Dental Fund and the Canadian National Institute for the Blind with the Department of Public Health.

Alberta: eight health districts were organized last year.

British Columbia: nursing services have been established in connection with Health Units in the Peace River Block, with a staff of four nurses, and in Abbotsford with one nurse.

Developments

Developments in educational facilities such as refresher courses, the demand for a higher standard of qualifications, changes in salary, pensions and other matters relating to the improvement of stability of public health nursing services have been reported as follows:

In *Quebec*, a higher standard of qualifications is being demanded. The Municipal Department of Health in Montreal is now asking for registered nurses in good standing, and are beginning to realize the value of the postgraduate course in public health nursing. The Provincial Department of Health has now eliminated all those who are not graduates, and requires that all their nurses be registered. In *Manitoba*, a scholarship is available for postgraduate study offered by the Metropolitan Life Insurance Company. The Winnipeg School Board is endeavouring to put the pensions scheme for its employees, including nurses, on a sound basis. A pension scheme is also being considered for the civil servants of the Provincial Government which will include the public health nurses. In *Alberta*, the Calgary nurses are now entitled to a pension.

There does not seem to have been any movement towards increasing salaries, and in *Quebec* there have been a few decreases.

Opportunities for Employment

There is an increasing scope for public health nurses in work other than public health nursing. *Quebec* reports that medical social work is one field of employment in which several nurses are engaged. Hospital social service, mental hygiene and dietetics are also mentioned as fields of service. In *Ontario*, a few nurses are engaged in hospital social service in two centres. A few public health nurses have held the post of attendance officer;

but since the remuneration is so small and the opportunities so limited, this work is not likely to attract many well prepared nurses. In Manitoba, there is one attendance officer and a director of health education. Some nurses are engaged in summer camps and other welfare activities. There was an opportunity recently for a qualified nurse to consider the position of general secretary of the Young Women's Christian Association. In Saskatchewan, a nurse is in charge of social service work under the auspices of an Anglican Mission. In British Columbia, two nurses are working in conjunction with the Provincial Social Welfare Services.

Difficulties and Problems

The difficulties and problems of nurses in the field of public health mentioned in the provincial reports are particularly significant of the thought and effort being made by public health nurses in effecting improvements in health and social work. In several provinces, the lack of well organized social work handicaps public health nurses at every turn.

Such low salaries are paid to many public health nurses that a situation is created which does not make for the best service. To quote a report from one province:

"The general feeling is that while there may be a few exceptions, public health nurses are no more idealists than any other group of professional women, and they will not expend time and energy when they receive a salary which is barely a subsistence wage. Perhaps the previous low standard of professional preparation has had something to do with this. As long as the agencies employed unqualified persons who were willing to work at a small salary, the qualified nurses, in order to obtain employment had to accept the same. Now that the unqualified have been eliminated, those who are qualified may be able to gain increased

remuneration. In industrial nursing, some nurses are not graduates; many are not registered, and very few have had public health training. It is difficult to arouse their interest in public health nursing activities. For a time they had an organization of their own, but this has been dropped. An attempt has been made to reach them through the nursing journals; and it is suggested that the Canadian Nurses Association could help in this matter by contributing articles to the industrial magazines, which would also make employees aware of the value of trained public health nurses. It is felt that the first way of approach is through these journals."

In Ontario, there is a distinct need for greater knowledge on the part of nurses of general administration and civil government. How these requirements may be met in courses of instruction and field experience is a matter for study. In the three prairie provinces of Manitoba, Saskatchewan and Alberta, the difficulty of serving large areas, and the lack of adequate transportation complicated by poor roads, by an inadequate public health nursing staff, remain problems of paramount importance. All these factors are due to depressed economic conditions. In British Columbia, "getting attention for those on the borderline of poverty, and correction of remedial defects" are difficulties with which public health nurses are much concerned. In isolated areas, nurses require better preparation in obstetrical work, and have urged this section to consider and take action in meeting this need.

From the foregoing outline it may be perceived that it is far from being complete in all that we would like to know and tell others about the work of nurses in public health service in Canada. However, we hope that it will serve as a basis for succeeding reports which will depict our current history in all the detail and colour that it deserves.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

Scholarship

A scholarship of the value of twelve hundred and fifty dollars (\$1,250) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1937-1938, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, and living expenses at Florence Nightingale International House.

Courses are available for either:—

1. Nurse administrators and teachers in schools of nursing.
2. Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

**The Executive Secretary
Canadian Nurses Association
1411 Crescent Street - Montreal**

to whom completed applications should be returned not later than January 15, 1937, together with the necessary forms and credentials.

The award will be announced on April 1, 1937.

COMING EVENTS

Course for Hospital Social Workers

The School of Nursing, in co-operation with the Department of University Extension, University of Toronto, is planning a lecture course for Hospital Social Workers.

This course will commence the first week in October, in the School of Nursing, University of Toronto; the day and hour to be arranged. There will be twelve lecture periods with opportunity for general discussion.

If sufficient applications are not received within a reasonable time, the course will be withdrawn.

Refunds of money paid can be arranged, in case of inability to attend, up to the first lecture-period of the course. No credits will be given for this work nor will any certificate be awarded. The fee will be \$5.00. The lecture course will deal with certain aspects of Social Work as follows: (a) Modern trends; (b) The psychological approach; (c) Publicity.

Application should be made to the Secretary, School of Nursing, University of Toronto, Toronto, Ont.

Refresher Course

The School for Graduate Nurses, McGill University, is offering a Refresher Course during the month of October, 1936. Four lectures dealing with syphilis will be given at 8.30 p.m. in the University Medical Building. The schedule is as follows:

Monday, October 5—Syphilis as a health problem: the situation in Canada and in Montreal. Doctor Gordon Bates, General Director, Health League of Canada.

Tuesday, October 13 — What is known about syphilis. Doctor Ralph E. Powell, Lecturer in Urology, McGill University.

Monday, October 19—Up-to-date methods of diagnosis and treatment. Facilities for treatment and probable outcome of treatment. Doctor Ralph E. Powell.

Monday, October 26—Opportunities and responsibilities of the nurse in controlling syphilis. Mrs. Evangeline Morris, R. N., Social Hygiene Supervisor, Community Health Association, Boston.

The fee is \$1.00 for the series.

Department of Nursing Education

ADMINISTRATIVE ASPECTS OF APPROVED SCHOOLS

ANNIE F. LAWRIE, Superintendent of Nurses, Regina General Hospital, Regina, Sask.

The value of a National Curriculum, constructed by our own nurses to meet the needs of our own schools, cannot be overestimated. This curriculum upholds ideals, lays down a carefully planned educational programme with clearly defined requirements and explains what administrative and educational adjustments can be made to bring the school of nursing closer to standards maintained by recognized professional schools. Not only will the curriculum act as a guide in this way, but it will also prove a valuable weapon in meeting arguments and adverse criticisms. There is probably not an administrator here today who has not at one time or another felt the need for just such an instrument to aid in her efforts to obtain improved conditions within the school.

You will find that Chapter 2 contains definite statements regarding the essential administrative requirements of a school of nursing under the following headings:

The school budget.

The hospital as a field for education in relation to its type, size, clinical and community facilities.

The school of nursing committee.

Tuition fees.

Hours on duty and living conditions.

The staff.

The students.

The educational programme.

Regarding the type and size of the hospital, the committee believes that the ideal field for educating the prospective nurse is to be found in the general hospital of between two hundred and four hundred beds, which can offer a well-

rounded and balanced experience. In such hospitals the necessary opportunities for education and supervision of the student are more likely to exist than in smaller or larger hospitals. It can readily be understood that such conditions are hardly possible in hospitals with a daily average of less than one hundred beds, nor will the communities in which such institutions are usually located be likely to be large enough to maintain the well-organized health agencies which are necessary to supply the variety of experience required for the preparation of the modern nurse. The use of legislation is strongly recommended for ensuring more uniformity in the type and size of the hospital in which schools of nursing should be established, as well as the systematic inspection of these schools by particularly well-qualified nurses who are not only experienced administrators but are educators and teachers as well.

As far as the budget is concerned, the important consideration is that a system be evolved which will separate, clearly, the cost of nursing education from the cost of nursing service.

The school of nursing committee is the next point of consideration. Every school should carefully select such a committee to determine its educational policies, to act in an advisory capacity to the principal, to interpret its needs to the hospital board, to study its financial needs and to be responsible for securing sufficient funds to meet its educational demands. The success of this committee will greatly depend upon its appointed personnel, who should be selected chiefly for their interest in nursing education and not for their political, business or social standing. It should include the superintendent of

Presented as a part of the discussion of the report of the Curriculum Committee at the Biennial Meeting of the Canadian Nurses Association, July, 1936.

nurses, the superintendent of the hospital, a member of the hospital board and of the medical board, a representative from the field of professional education and the alumnae of the school. It is also considered that representatives from women's and men's organizations in the community would be quite valuable on the committee

for obtaining the interest and support of the public.

The success of the educational programme depends upon favourable administrative policies. Every administrator should therefore make it definitely her concern to co-operate whole-heartedly in planning for the carrying out of this curriculum in terms of action.

Book Reviews

MICROBIOLOGY AND PATHOLOGY FOR NURSES, by Charles F. Carter, B.S., M.D., director, Carter's Clinical Laboratory, Dallas, Texas, U.S.A. 682 pages. 138 illustrations. Price, \$3.50. Published by the C. V. Mosby Company—1936. Canadian agents: Mc-Ainsh & Co. Ltd., Toronto.

This book is divided into two parts. Part One is an outgrowth of a textbook written by the same author, entitled *Bacteriology for Nurses*. Part Two will be of special interest to instructors and student nurses because it presents facts concerning the elements of pathology in such a manner as to help nurses to care for their patients more intelligently. The author is fully aware that observation is one of the most important functions of a professional nurse and he does not believe she can satisfactorily perform this delicate and important task unless she "is able to correlate the symptoms of disease with the body changes which produce them, because *symptoms are but the outward expression of internal derangements*." The illustrations and diagrams are particularly helpful. Each chapter is followed by suggestions for laboratory exercises, questions for review, true-false tests and references. A text such as this naturally implies over-simplification but nevertheless it is exceedingly valuable.

AN INTRODUCTION TO MATERIA MEDICA AND PHARMACOLOGY, by Hugh Alister McGuigan, Ph.D., M.D., Professor of Materia Medica, Pharmacology and Therapeutics, University of Illinois, and Edith P. Brodie, A.B., R.N., formerly instructor in materia medica and therapeutics, Washington University School of Nursing, St. Louis, Mo. 580 pages with 71 illustrations. Price, \$3.00. The C. V. Mosby Company—1936. Canadian Agents: McAinsh & Co., Toronto.

Part One of this book deals with elementary materia medica and includes an interesting summary of the history of this science. Great pains have been taken with the three chapters devoted to arithmetic review, weights and measures and solutions. There is an excellent chapter dealing with the site of action of drugs, illustrated by a number of coloured plates, photographs and tracings. Part Two contains chapters dealing with doses and their preparation and with the administration of medicines. There is a good chapter on poisons. The discussion of various drugs is classified under the captions of the various systems, the anatomy and physiology of which is briefly reviewed in each instance. This textbook is recommended for use in schools of nursing.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International Scholarship

For the fourth consecutive year, the Canadian Nurses Association offers a Scholarship which will enable the successful candidate to take a one-year course at Bedford College for Women, London, England, under the auspices of the Florence Nightingale Memorial Foundation. The Scholarship provides for tuition fees and maintenance but travelling expenses are not included. Nurses wishing to make application for the Scholarship must be members of the Canadian Nurses Association, that is, members of one of the Provincial Registered Nurses Association. Further information will be found in the announcement which appears elsewhere in this issue of the *Journal*.

Provincial Associations

The biennial reports of the Provincial Associations of Registered Nurses, as prepared for the eighteenth General Meeting of the Canadian Nurses Association, have been summarized for publication in this issue of the *Journal*. At the General Meeting, owing to lack of time, and with the approval of the delegates, the reports from Ontario, Quebec, Prince Edward Island and Saskatchewan were taken as read on the understanding that when the provincial reports were being prepared for publication in these Notes, particular attention should be given to the content of the unread reports.

Similar points in the majority of the reports are: membership maintained or increased; adjustment of regulations concerning fees for new members as well as for those in arrears; financial provision made to facilitate the work of the Sections; studies of (a) state health insurance in relation to nursing; (b) community nursing service bureaux and reorganization of registries; (c) Dominion registration for nurses in Canada; in-

crease in the enrolment of nurses for emergency service; gratifying response to the campaign for subscribers to *The Canadian Nurse* and to the Florence Nightingale Memorial Fund. Outstanding points in the reports of provincial sections are recorded in the reports of the three National Sections as published in the September issue of the *Journal*. The reports of the provincial sections indicate that there is an increased tendency in the provincial associations to develop certain activities through the sections. This policy is commended and should become more widespread if the sections, national and provincial, are to serve their purpose.

Alberta

Since January, 1935, candidates to accredited schools of nursing in Alberta must satisfy the Senate of the University of Alberta that they have passed the Grade XI examination of the Provincial Department of Education or have the equivalent educational standing. Inspection of schools of nursing is conducted and financed by the University of Alberta. The Inspection Committee consists of the Registrar of the University of Alberta and a representative from each of the Provincial Medical and Registered Nurses Associations. This year the Alberta Association of Registered Nurses undertook to finance an adviser to the schools of nursing for a period of two months. The Association awards biennially a scholarship of \$500.00 for postgraduate study. Applicants must be graduates of schools of nursing in Alberta and members of the Association.

In 1932, as an experiment, a school of nursing with a four-year course was established at the Mental Hospital, Ponoka. Two years are spent at this Mental Hospital and two years in a general hospital. This year, five nurses obtained the diploma in general and psychiatric nursing. For the past four years the Mental Hospital, Ponoka, has offered a one-year postgraduate course.

In 1935 the Provincial Legislature passed a Bill relating to health insurance which provides "that nursing services would mean professional services ordinarily afforded by registered nurses within the meaning of the Registered Nurses' Act of Alberta."

Within the past two years the Association

undertook to finance an experiment of placing an unemployed nurse in a community where a nursing service was needed and under the supervision of a Provincial Public Health Nurse. (See *The Canadian Nurse*, September 1935, p. 501). Refresher courses for members of the Association were held in 1935 at the University of Alberta and in 1936, in Calgary, in conjunction with the annual meeting.

British Columbia

The Registered Nurses Association of British Columbia reported marked activity. In 1935, the Registered Nurses' Act was amended. A long desired change in name was obtained, that is, from Graduate Nurses Association to Registered Nurses Association. Other amendments by which the profession is definitely strengthened and the members given greater protection are: (1) legalizing the minimum educational requirements of Junior Matriculation; (2) legalizing the requirements of hospitals which wish to maintain a school of nursing. (See *The Canadian Nurse*, September 1935, p. 416).

The Health Insurance Act of British Columbia necessitated considerable study. Conferences were held with allied interested organizations. The Association went on record as endorsing the principle of health insurance and urged that (1) nurses employed under the Act should receive standard fees and work standard hours; (2) some type of enrolment scheme similar to the National Enrolment of Nurses be put into effect in the more sparsely settled areas in the province; and (3) it was pointed out that while free choice of doctor was truly democratic, the open ward system in hospitals with schools of nursing presented definite problems in teaching, hence the necessity for governmental endorsement of a policy whereby procedures in hospitals with schools of nursing should be standardized.

A two-weeks refresher course for all nurses was arranged in co-operation with the University of British Columbia. A scholarship of \$400.00 is being awarded this year to a member of the Association for a postgraduate course at the University of British Columbia. A study of a community nursing service bureau in a small city was made by a special committee. Reciprocal arrangements are now in effect between the Association and the General Nursing Councils for (1) England and Wales, (2) Scotland.

Manitoba

The Manitoba Association of Registered Nurses revised the form for the application for membership. An active interest has been taken in the Curriculum for Schools of Nurs-

ing and in the establishment of more definite affiliation for psychiatric nursing. The Association decided to appoint a School of Nursing Adviser. A set of lantern slides depicting the history of nursing is owned by the Association and is loaned, in turn, to all schools of nursing in Manitoba. Among annual financial contributions to various nursing projects is one toward the support of a native nurse in India. Arrangements for reciprocal registration have been completed with the General Nursing Councils for (1) England and Wales, (2) Scotland, (3) Northern Ireland, and (4) The Irish Free State.

New Brunswick

During the past biennial period the New Brunswick Association of Registered Nurses endeavored to secure better educational standards for the schools of nursing in the province. The legislation committee worked faithfully upon the terms of a new Act for the Registration of Nurses. In April 1936, the new Bill was presented before the Corporations Committee of the Provincial Legislature. The nurses were supported by the New Brunswick Council of Physicians and Surgeons. They were opposed by the small hospital group of the New Brunswick Hospital Association which has strenuously opposed all effort made by the Association to improve educational standards for nurses. The Bill remained two weeks in Committee after which time it was withdrawn. It is regretted that accomplishment in this matter cannot be reported. In spite of defeat, the Association intends to continue the effort to advance educational standards for nurses in New Brunswick. During 1936, the secretary-registrar of the Association, with the approval of the hospital authorities, is visiting each school of nursing in the province.

Nova Scotia

The Registered Nurses Association of Nova Scotia reported that, through the efforts of the branch formation committee, several branches had been organized. The legislation committee interviewed all those employing nurses to ensure the employment of members of the Association rather than partially trained nurses. Through the narcotics committee a study was made of the Federal Narcotics Act as it applies to nurses. The report of the committee was distributed to the branches. The library committee, which has charge of a library in the registrar's office, recommends books and periodicals to be purchased. Books are loaned without charge for two weeks to all members.

In 1935, a loan fund for \$600.00 was established by the Association to assist two of its members to undertake postgraduate study.

The loan is for a three-year period, without interest. A refresher course for all nurses was held in Halifax, while several branches arranged similar courses locally.

Ontario

At the request of the board of directors of the Registered Nurses Association of Ontario, the legislation committee prepared a memorandum containing definite requests which related to the major problems in regard to nursing education in Ontario. This memorandum was presented to the Minister of Health in February, 1935, by a delegation representative of all parts of the province. Following this presentation a special committee was appointed, with representatives from the Department of Health and the Association, to study these requests. Later, the findings were presented to the Minister of Health. In September 1935, at the request of the Minister of Health, three members of the legislation committee were appointed to serve on a special committee which is to consider the revision of the rules and regulations relating to the registration of nurses and the conduct of training schools.

At the annual meeting in 1936, the permanent education fund committee reported that the objective for the five-year period, \$10,000.00, was in sight. The fund was raised by the members and becomes the nucleus of a permanent education fund. For a trial period of three years the fund becomes a loan fund and is to be administered by a trust fund committee and an administrative committee. At the end of the trial period, future policy will be considered.

Following a study of nursing service in a health insurance plan, a statement was prepared and forwarded to the Premier of Ontario and the Ministers of Health and Public Welfare. In June, 1934, the first step was taken toward obtaining statistical evidence of the need for a better distribution of nursing services through some comprehensive survey of the sick in Ontario. Each of the nine district chairmen organised her district so that the specially prepared questionnaire was presented simultaneously by a nurse to each physician canvassed. The information sought referred to the previous day only. Large cities were excluded in the canvass as the information required could be obtained from health and welfare agencies. The report of the survey will be published later.

The Association appointed a committee on publicity to initiate and carry on a well-considered programme of public education with reference to all phases of nursing service; also

WANTED:

A LADY SUPERINTENDENT

Applications are invited for the position of Lady Superintendent for The Portage la Prairie General Hospital. The applicant must be a Registered Nurse and capable of acting as Instructress to nurses in training and of taking full charge of the Hospital. Duties to commence October 15, 1936.

Applications should be delivered, on or before October 8, 1936, to the Secretary-Treasurer and must state experience, give references and name the salary expected. Address all communications to:

C. H. DIEHL,
Secretary-Treasurer,
The Portage la Prairie General Hospital
PORTAGE LA PRAIRIE, MAN.

WANTED:

A NIGHT SUPERVISOR

Applications are invited for the position of Night Supervisor. The applicant must have had post-graduate experience in supervision. Salary \$75.00 per month with full maintenance. Duties to commence November 1, 1936.

Applications will be received up to October 20, 1936, and should be addressed to:

MISS EDITH AMAS
Director of Nursing,
Saskatoon City Hospital,
SASKATOON, SASK.

Royal Victoria Montreal Maternity Hospital

POSTGRADUATE COURSES

are offered in

- (a) Obstetrical Nursing: 3 months
- (b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance will be provided.

For further particulars regarding the course in theory and the clinical experience afforded in each course, write to:

The Supervisor of Nurses,

**ROYAL VICTORIA
MONTREAL MATERNITY HOSPITAL**
Montreal, Canada.

REGISTRATION OF NURSES

Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

a committee to study all forms of insurance for nurses whose duty it is to keep the members informed of any new policy being brought into force.

In 1935, two nurses were appointed to assist the inspector of training schools, one in the supervision of schools of nursing conducted by general hospitals, and one who is responsible to the office of the inspector with regard to the school of nursing programme in all provincial institutions and to the director of the Hospitals Division for the supervision of actual nursing services in the Ontario hospitals for mental diseases.

From 1931 to 1935, seventeen general, three special and three provincial hospitals discontinued their schools of nursing. In 1935 there was a sharp decrease of 312 applicants for the examination for the registration of nurses.

Refresher courses were given by the School of Nursing, University of Toronto, and the Institute of Public Health, London.

Prince Edward Island

The Registered Nurses Association of Prince Edward Island controls and finances the examinations for the registration of nurses. The executive committee of the Association has arranged (with the aid of grants from hospitals) for available funds to defray the expenses of a part-time inspector of schools of nursing, if such an arrangement can be made with one of the other maritime provinces. Special study of state health insurance was augmented by lectures by members of the medical profession. Opportunities have been provided for postgraduate studies in tuberculosis and dental hygiene. Several subjects have been added to the curriculum.

Quebec

The Association of Registered Nurses of the Province of Quebec awards two scholarships annually, each for \$250.00, one to an English-speaking member for a year at the School for Graduate Nurses, McGill University, and one to a French-speaking member for a year at l'Institut Marguerite d'Youville, l'Université de Montréal. Altogether, twenty-eight of these scholarships have been awarded.

To aid in the national enrolment of nurses for emergency service, the Association has put into effect a classification according to a zoning system throughout the province.

Two members of the Association have taken advantage of the Exchange of Nurses plan and are spending a year in South Africa. A number of refresher courses were held; some for all nurses, others for special groups.

The school of nursing visitors' report states

that there is excellent teaching equipment in the schools of nursing, including demonstration rooms and laboratories; where the latter are not available, temporary substitutes have been found. Each school has at least one full-time instructor, the numbers increase with the size of the student group. Affiliations with public health organizations have been maintained. A routine procedure relating to registration examination marks was adopted within the biennial period under review. The marks are now graded, and confidential reports of the results are sent to the principal of each school of nursing, the objective being to indicate the need, when necessary, to check teaching methods.

A tentative plan has been drafted whereby an experiment in a community nursing service bureau may be undertaken for a period of one year, the Montreal Graduate Nurses Association having loaned their equipment and staff for that period to assist the enterprise. The report explains "our objective is to effect a better nursing service in the community and to control the services of all who nurse the sick for hire, through this bureau; this may eventually pave the way for the legislation we hope to achieve."

Saskatchewan

The Saskatchewan Registered Nurses Association report concludes by stating "probably at no time has the general membership of the Association been so actively engaged in studying the wider phases of professional organization both as they affect the profession itself, as in the matters of nursing education and Dominion registration, and in community nursing service represented by projects in organization of nursing services, the licensing of all who nurse the sick for hire and in endeavouring to bring nursing service within the reach of the restricted income of many under present conditions." The adoption of an eight-hour day for student nurses has been discussed with hospital authorities; the idea has been favourably received by the latter bodies but effective measures must be postponed due to lack of finances and the additional accommodation necessary for a larger nursing staff. The nurses of Saskatchewan optimistically anticipate the establishing of the eight-hour day whenever conditions permit.

The Association, through a special committee, made a thorough study and then prepared a plan by which a community nursing service bureau could be established in a city of approximately 20,000 population.



NIGHTINGALE MEMORIAL FUND

Contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Staff, Central Alberta Sanatorium, Calgary	\$ 5.50
Staff and Students, Calgary General Hospital	15.15
Married Nurses and Interested Friends, Calgary	2.00
A.A., University Hospital, Edmonton	10.00
Graduate Staff, University Hospital, Edmonton	23.25
Student Nurses, General Hospital, Edmonton	5.00

Married Nurses and Interested Friends, Edmonton	10.50
Graduate Nurses Association, Lethbridge	10.00
Mrs. O. M. Findlay, Red Deer	1.00
Staff, Municipal Hospital, Grand Prairie	5.00
Alberta Association of Registered Nurses (Private Duty Section) ...	10.00

Manitoba

A.A., Children's Hospital, Winnipeg	10.00
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Ontario

Nursing Staff, Muskoka Hospital for Consumptives, Gravenhurst	15.00
A.A., Hôtel Dieu, Kingston	3.00

IN A CHINESE SETTING

In the February issue of the *Journal* we published an article entitled "Better Babies in Hoiryung," written by Beulah Bourns of the Korea Mission of the United Church of Canada. In July it was a real pleasure to hear from Miss L. Clara Preston of Changte, North Honan, China, that she had found this article "just what I needed." Miss Preston has kindly sent us the following letters. Read them and enjoy the charm of nursing—in a Chinese setting.

Changte, May 19, 1936.

Dear Friends:

The days have been full and the letters have stayed unanswered in my drawer but now I want to tell you about our graduation. This year we have been hoping to get a few new things started, such as reclaiming gauze, a baby clinic and a cheap obstetrical service, and we hoped to have our first class graduate. We started the reclaiming of gauze and the woman in charge certainly makes it clean in spite of difficulties and it is not an easy job. It will save a good deal of money.

We have had two cases in our cheap obstetrical service, but it is one place where the Chinese think they can save money. Why spend a dollar or two dollars for a confinement when their mothers and grandmothers just had the old midwives from the street? There is a great deal of poverty around about and even two dollars is too much to have to pay.

Our April baby clinic was quite a success. I saw an account in *The Canadian Nurse* and it gave me an idea for a start. They had had one in Korea and it was a great success. We sent out red invitations to any one who would be likely to come, and to those babies who were born in the hospital. It was a very windy, dusty day and not inviting to bring babies out in, but we had about sixty mothers and babies besides school boys and girls, also the pastors around about.

Suitable posters were hung on the walls and the room was arranged with benches, chairs and tables. On one table we had babies' clothes and one of the school girls was in charge of this department. On another table were books which were available for mothers who could read about child training. A sandbox and toys were in another part of the room, which the children enjoyed to the full. Down the centre were three large tables with a display of food which should be given to small children up to two years old. Hygienic baby feeding is practically unknown in China. Another room was fixed up for bathing, weighing, and measuring the babies, for those who wished to have their babies washed. Likely some had a bath for the first time in their

lives. The clinic was to be held monthly, but May was cold so we only had about sixteen out but we hope to work it up so that it will be available to help mothers who appreciate it.

This week was our first nurses' graduation. We were fortunate in having three good girls in our senior class. Their first six months' training was given in Weihwei in our Central School under Mrs. Ratcliffe. When our nurses



A CHINESE GRADUATING CLASS

came back to us we had just opened up our first nursing ward, the spring rush was on, and patients were waiting for care. A new Chinese graduate had just come to us and everything was new to her. One girl had to go on night duty at once, and the graduate nurse with two newly-capped nurses looked after the ward with the help of some of our former hospital assistants.

Graduation was looked forward to with a great deal of pleasure by all. Dr. Chang of Tao'ow gave us a helpful address. Miss Chao gave the valedictory address and Miss Li a farewell message to the graduating class. The three graduating nurses sang a farewell song and it was very nice: the Hawaiian farewell song with Chinese words. The diplomas of the Nurses' Association of China and those granted by the Hospital were presented and a special prize given to the nurse who we thought had "gone the second mile," while in training. A photo was taken, refreshments were served, and in the evening they had the treat of seeing good movies shown by Mr. Faris. This has been a dream for years and it hardly seems possible it had really and truly happened.

The City and County need the help of many graduate nurses and we hope it is just the beginning of a service to their people, their country and their God, which will be a blessing to all who give and who receive.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: A happy event was the garden party recently given by the Alumnae Association of the School of Nursing of the Calgary General Hospital in honour of Miss Marion Moodie, the first graduate of the School. Miss Grace Ackland opened her home and spacious garden for the occasion and many members called during the afternoon.

Mrs. J. W. Pattee, formerly Miss Lillian Kerr (C.G.H., 1925) has left for Peking, China, to become a medical missionary.

MEDICINE HAT: On August 11, 1936, the nurses-in-training at the Medicine Hat General Hospital entertained in honour of Miss May Reid, instructress of nurses at the Medicine Hat General Hospital, who is leaving to take up her new duties in St. Paul's Hospital, Saskatoon. Mrs. Wm. Lynch (Julia Jorgenson) was also an honoured guest. Both were presented with gifts from Miss Mary Murray, superintendent of nurses, the nurses-in-training and the staff nurses, the presentations being made by Miss Pearl Christie.

The graduating exercises of the School of Nursing of the Medicine Hat General Hospital were held recently when eight nurses took part in the ceremony and Mr. J. H. Chaseley, president of the board of directors, was in the chair. Prizes were awarded to the following: general proficiency, Miss P. Sanderson; good conduct and practical nursing, Miss G. White. The medal for obstetrical nursing was presented to Miss P. Sanderson and the medal for surgical nursing to Miss D. White. The address to the graduating class was given by Dr. F. W. Gershaw. Following the exercises a reception and dance was held in honour of the graduating class.

MARRIED: On March 7, 1936, Miss Vera Crandall (M.H.G.H.) to Mr. Leslie Brown.

MARRIED: On July 11, 1936, Miss Julia Jorgenson (M.H.G.H.) to Mr. Wm. Lynch.

MANITOBA

GRACE HOSPITAL, WINNIPEG: An Alumnae Association has recently been organized by the graduates of the School of Nursing of Grace Hospital. The following officers have been elected: President, Miss G. Bodvarson; first vice-president, Miss Anna MacAuley; second vice-president, Miss Gladys Rowle; treasurer, Miss Amy Parliament; secretary, Miss Joan Bryant, Grace Hospital, Winnipeg.

NOVA SCOTIA

TRURO: The annual meeting of the Maritime Conference of the Catholic Hospital As-

sociation took place in Truro on July 9 and 10. Sister Kerr, R.N., Reg. Ph., Hotel Dieu Hospital, Campbellton, presided. Representatives from nearly all Catholic Hospitals of the Maritimes attended. Dr. G. Harvey Agnew was the chief speaker of the first day's session. His excellent address on "Weak points in hospital administration" was replete with practical suggestions. This was followed by a round-table discussion on various hospital topics. The afternoon was devoted to the reading of reports from the various committees, which opened lively discussions. There were also sectional meetings of committees and technicians. In the evening, Rev. J. F. Ryan, St. Thomas College, Chatham, presented an illustrated lecture on the history of nursing, which proved very interesting. The morning of the second day was devoted to social service. This topic was opened with a very inspiring and thought-providing address by Rev. Dr. John E. Burns of Halifax. Reports were given of social service work from New Brunswick by Sister M. Veronica, R.N., of Saint John; from Prince Edward Island by Sister John Baptist, R.N., of Charlottetown, and from Nova Scotia by a Sister of St. Martha, Antigonish. The reports showed a great deal of activity on the part of the Catholic Hospitals in the Maritime Provinces to improve the moral, social and economic conditions which prevail at the present time. An excellent lecture on the "Liturgical movement" was delivered by Dr. John E. Burns in the afternoon. A business meeting of the Association and election of officers concluded a very successful meeting. The new officers are: President, Sister M. Josepha, Superior, Hamilton Memorial Hospital, North Sydney, N.S.; vice-president, Sister John Baptist, Antigonish, N.S.; secretary, Sister M. Ireneau, R.N., Directress of Nurses, Hamilton Memorial Hospital, North Sydney, N.S.; *executive committee*: Mother M. Ignatius, Superior General, Sisters of St. Martha, Antigonish, N.S.; Mother Angela de Brescia, Superior, Hotel Dieu of the Assumption, Moncton, N.B.; Sister Anna Seton, R.N., Superior, Halifax Infirmary, Halifax, N.S.; Sister Augustine, R.N., Directress of Nurses, Halifax Infirmary, Halifax, N.S.; Sister Harquail, R.N., Hotel Dieu of St. Joseph, Campbellton, N.B.; Sister Mary Peter, R.N., Directress of Nurses, St. Martha's Hospital, Antigonish, N.S.; Sister Paul of the Cross, R.N., Directress of Nurses, Glace Bay, C.B.; Sister M. Hugh, R.N., City Hospital, Charlottetown,

P.E.I. Conveners of committees were elected as follows: legislation, Rev. Dr. John E. Burns, Halifax, N.S.; education, Sister St. Stanislaus, R.N., Chatham, N.B.; publicity, Sister Mary Peter, R.N., Antigonish, N.S.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Elizabeth Edwards, B.A., graduate of the School of Nursing of Kingston General Hospital and of the public health nursing course given at the School of Nursing of the University of Toronto, 1931, has been appointed public health nurse in Simcoe, to succeed Miss Eva Bennett, who was married recently.

A public health nursing service is being re-established in Fort Frances, and Miss Jean Algie has been appointed to this position. Miss Algie is a graduate (1933) of the School of Nursing of the Royal Victoria Hospital, Montreal, and the public health nursing course given at the School of Nursing of the University of Toronto.

Miss Elva Brett, graduate of the School of Nursing of Toronto Western Hospital (1933) and the public health nursing course, given at the School of Nursing of the University of Toronto (1936) succeeds Miss Ishbel Corrigan as public health nurse in Dryden. Miss Corrigan was married in August and will reside in Dryden.

The Ontario Division of the Canadian Red Cross Society is sponsoring a public health nursing service for Manitoulin Island and Miss Muriel Rice has been appointed for this work. Miss Rice is a graduate (1936) of the School of Nursing of the New Liskeard Hospital and of the public health nursing course given at the University of Western Ontario. She was formerly engaged in outpost hospital work with the Red Cross Society.

Miss Nora Hanna, a graduate of the School of Nursing, St. Luke's Hospital, New York, and a postgraduate of the public health nursing course given at the School of Nursing of the University of Toronto (1936), has been appointed as public health nurse, for Midland, to succeed Mrs. Caroline Hood, who has retired.

Miss Helen Thompson, a graduate of 1932 of the four-year course in public health nursing

formerly given under the joint auspices of the School of Nursing of the Toronto General Hospital and by the School of Nursing of the University of Toronto, has been engaged to relieve Miss Elizabeth Jones as public health nurse in Weston.

DISTRICT 1

LONDON: Miss Dorothy Kennedy, a member of the staff of the Ontario Hospital, has left on an extended vacation in the British Isles. Miss Alberta Sorell (Ontario Hospital School of Nursing, 1935) was recently married to Mr. Fred Sims. They will reside in England.

DISTRICTS 2 AND 3

BRANTFORD: A meeting of the Alumnae Association of the B.G.H. was held recently with a large number of members present, including the 1936 graduating class. The 1929 class recently held a class reunion. The members journeyed to Hamilton, where a dinner and theatre party were greatly enjoyed.

Miss Aileen Mair (B.G.H., 1926) was a recent visitor to Brantford. Miss Claire Henderson, a graduate of the School of Nursing of the University of Alberta, Edmonton, was recently the guest of Miss Jessie M. Wilson, B.G.H.

MARRIED: On August 8, 1936, Miss Kathleen E. Poss (B.G.H., 1935) to Dr. W. E. Riddolls.

MARRIED: On August 29, 1936, Miss E. Edith Jardine (B.G.H., 1935) to Mr. Eldon Fidler.

WOODSTOCK: Miss Lazelle Mitchener (W. G.H., 1927) is taking a postgraduate course at the Women's Hospital, Detroit, Mich. Work is progressing rapidly on Gissing House, the new addition to the Nurses' Residence. Miss Ruby Wright is spending her vacation abroad.

MARRIED: On July 16, 1936, Miss Gladys Richards (W.G.H., 1934) to Mr. Willard Morris.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: The Alumnae Association held its regular meeting recently with a good attendance. Miss Schiefele gave an interesting report of the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On June 27, 1936, Miss Isabel



ON DUTY - OFF DUTY
NUGGET
 WHITE KID CLEANER
 KEEPS WHITE KID WHITE!



Findlay (H.G.H., 1934) to Mr. David S. Charlton.

MARRIED: In August, 1936, Miss Eva Bennett (H.G.H., 1931) to Mr. William Hobbs.

MARRIED: On August 10, 1936, Miss Leone M. Boyd (H.G.H., 1931) to Dr. Isaac Sutton.

MARRIED: On September 4, 1936, Miss Helen Tilley (H.G.H., 1932) to Dr. Reginald Empey.

MARRIED: In August, 1936, Miss Irene Smith (H.G.H., 1935) to Mr. Harold W. Bryant.

DISTRICT 5

MARRIED: On June 27, 1936, Miss Margaret Smale (T.G.H., 1932) to Mr. Ralph Comfort.

MARRIED: Recently, Miss Ruth Pike (P.H., 1933) to Mr. John MacFarland.

MARRIED: On June 27, 1936, Miss Ruth Mayhew (T.G.H., 1932) to Mr. Harold McCutcheon.

QUEBEC

QUEBEC: JEFFERY HALE'S HOSPITAL: Mrs. Karran (J.H.H., 1921) superintendent of Wakefield General Hospital, Michigan, U.S.A., recently visited old friends at the Hospital. Mrs. Elliott (J.H.H., 1922) is relieving on the staff at the Joyce Memorial Hospital, Shawinigan Falls, P.Q.

SASKATCHEWAN

SASKATOON CITY HOSPITAL: Miss M. M. Gooderham (S.C.H., 1933) and Miss E. G. Crosbie (S.C.H., 1933) are taking a course in teaching and supervision at the School for Graduate Nurses of McGill University; Miss Anne Ferguson (S.C.H., 1933) and Miss Eileen Robson (S.C.H., 1934) are doing post-graduate work at Harper Hospital, Detroit. Miss Myrtle Carlson (S.C.H., 1935), Miss Marguerite Jackett (S.C.H., 1935), Miss Irene Henderson (S.C.H., 1936), Miss Alice Bembridge (S.C.H., 1936), and Miss L. A. Green-shields (S.C.H., 1936) are all taking post-graduate work at the Sanatorium, Saskatoon. Miss Hazel Jean Calder (S.C.H., 1935) has been appointed assistant night supervisor in the Saskatoon City Hospital. Mrs. Luke Ellison (née D. Harris, S.C.H., 1918), of Yuma, Arizona, recently visited her friends in Saskatoon.

MARRIED: Recently, Miss Palma L. Fieve (S.C.H., 1933) to Mr. Alfred Manville.

MARRIED: On August 22, 1936, Miss Lorena M. Attrill (S.C.H., 1933) to Mr. George C. Nethercott.

MARRIED: Recently, Miss Marjorie L. Roxburgh (S.C.H., 1932) to Mr. Kenneth Henderson.

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AN AUTUMN HOLIDAY

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at some of the attractive colonies in the British West Indies, a marked feature of this period ashore being the inclusion of transfer charges, hotel accommodation and meals in the round-trip cruise fare.

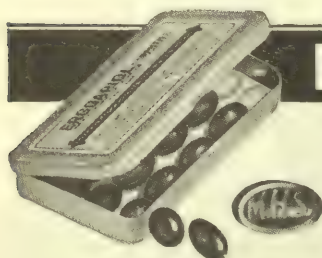
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BRITISH COLUMBIA

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Victoria Graduate Nurses Association

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President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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Moose Jaw Registered Nurses Association

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Alumnae Associations

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MANITOBA

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NURSES — WHAT NEXT?

BASIL C. MacLEAN, M.D., Director, Strong Memorial Hospital, Rochester, N.Y.

The JOURNAL is indebted to THE MODERN HOSPITAL for the privilege of reprinting this article which, in its original form, was an address delivered by Dr. MacLean before the New York State Hospital Association. It was first published in the August issue of THE MODERN HOSPITAL and is here reproduced verbatim. The italics, throughout, are ours, and are intended to bring into relief certain statements which appear to be specially significant. In the succeeding article, entitled "Let us try to understand," an attempt has been made to analyze and interpret the ideas put forward by Dr. MacLean.—EDITOR.

During the past decade hospitals have been singled out as a target of attack for an alleged exploitation of young American womanhood for cheap labor. Every argument has been used except that of undivided surplus in the hospital treasury. Overproduction of nurses, it is claimed, parallels overproduction of wheat and oil and brokers and bank clerks. The cult of "thirty" overwhelms us. It is said that thirty years ago there was one nurse for every thirty doctors and that today we have two nurses for every one doctor. In thirty years, one of every thirty persons in the United States would be a registered nurse. In another thirty years, one of every two persons in this country would be a registered nurse and thirty years later, using the same curve or graph, there would be thirty nurses for every person from Maine to California. Statistics should be salted well with horse sense.

Years ago the definition of a nurse was comparatively simple, for nursing then was much simpler than it is today. Many will remember the old definition of

a nurse as "a critically unstable compound of nature and science, put together with adhesive tape, safety pins and starch." Cool, clean and crisp as a full dress shirt, she was an authority in emergency and a consultant in doubt and distress. In the doctor's presence, she was his shadow and in his absence, his substitute. As most nursing in those days was done in the home, she was the centre of that universe which started to revolve as soon as she took off her hat.

To enter a training school for nursing in those days, the qualifications were rather simple. An average education, a good natural complexion, evidence of birth, a certificate of vaccination and a letter from a clergyman constituted adequate requirements. In the first year she learned how to scrub floors and newly arrived accident cases. She learned the rudiments of physiology, which can be very rude and rudimentary at times, how to make a six-foot sheet cover a seven-foot bed, how to identify bichloride of mercury and how to shake down a pillow or mattress without losing her temper.

During the second year she learned how to shake down a clinical thermometer without dislocating her wrist or putting out her patient's eye, how to make charts for interns to cluck their tongues over and how to hand sponges to doctors in the operating room. In the third year she learned how to make junket and custards, how to nurse forty patients on night duty and how to dodge the superintendent of nurses. Three years of this and she was ready for graduation. Then, barring over-doses, mixed labels and matrimony, her future was secure. This is facetious, of course, for the nurses of yesterday commanded the respect and enjoyed the confidence of both patient and physician.

As She Is Today

We find today, however, that nursing is being lifted by its bootstraps to the status of an academic profession. Nursing organizations have prompted state boards of nurse examiners to be more exacting in their demands and there is so much agitation for revised curricula, increased requirements and higher standards that it is feared by many that a nurse will come to need a bachelor's degree to give a back rub.

The National League of Nursing Education, in its proposed "Standard Curriculum for Schools of Nursing," issued in 1917, advocated 590 hours of instruction. Then years later, the ideal curriculum provided 825 hours. The one which is provoking so much comment at this moment calls for 1,200 hours of instruction. Most good schools of nursing probably more than meet the most recently suggested curricula hour requirements, but hospitals are constantly harassed by demands to raise the hurdles. The suggested of today becomes the required of tomorrow.

The nurse of today certainly requires more technical knowledge and skill to keep abreast of new developments and procedures in medical practice. It is pertinent to mention, however, that the basic sciences, important though they may be,

must never come to outweigh in the nursing curriculum practical instruction in the principles and procedures of bedside care. A detailed knowledge of the amino acids is less important than a dexterity with a drawsheet and as yet neither the patient nor the physician asks that the nurse be a microbiologist. There may be much truth in the contention of some observant nursing directors that institutional nursing of today does not permit enough time for the development of those niceties of patient care and patient relationship which used to distinguish nursing care in the home. If so, there is perhaps some substance to the story of the physician who, after recommending to his patient the employment of a nurse in the home, received the reply, "Oh, Doctor, I'm too sick for that!"

Physicians who practice in hospitals are frequently critical of the more recent graduates in nursing. Their complaint is that there is too much of the theoretical and too little of the practical in modern nursing instruction, that nursing students are being overeducated and undertrained. This criticism comes not only from the doctor who thinks stupidly that a nurse is a glorified nursemaid, but also from the doctor who observes carefully, thinks clearly and sympathizes fully with the problems of nursing instruction.

The Part the Doctor Has Played

Against this it must be mentioned that the doctor is responsible for much of the emphasis on the theoretical. It is he who usually gives the lectures, sets the examinations and grades the papers. As a result, the instruction and demands often parallel those of medical students. If the result is a pseudo-physician instead of a capable nurse, he should be fair enough to share the responsibility. There are many nurses who as instructors in nursing schools are better able than are staff physicians to teach, from the standpoint of practical application of nursing, both the basic sciences and the clinical

subjects of the nursing curriculum. *The doctor also is responsible for the need for increased skill in nursing. Nursing procedures have increased in number and complexity not only because of the progress of medical science and the added facilities for diagnosis and treatment, but also because many duties formerly performed by the hospital physician or the hospital resident staff are now delegated by them to be done by nurses.*

When it became evident many years ago that nursing meant more than maid's work, hospitals trained their students more carefully to care for patients and to carry out doctors' orders. Blood pressures and blood specimens, however, were not taken by nurses of even twenty years ago. Intravenous therapy was hardly known. These and many other procedures are now being transferred from medical care by doctors and interns to nursing care by nurses.

The routine duties of nursing, however, remain the same. The bed and the bedpan, the back care and the breakfast tray are identical with those of yesterday. How much time is consumed by such duties? Estimates range from 50 per cent to 80 per cent. The fantastic fiddle-faddle which frequently flavours the parlance of nursing education tends to confuse and smacks too much of humbuggery and pseudo-science. Let us profit by the mistakes of some other branches of education and avoid the development of a jargon which might require the assistance of both Einstein and the Supreme Court to interpret the procedure of punching a pillow.

It is noted that nursing has developed "habits of critical inquiry" in the care of patients. This principle is sound if directed to improvement in the nursing care of the patient. It has been fostered in other fields of training and unconsciously all educational activities become tinged with the idea of "keeping up with the Joneses." The duty of the nurse, however, is still that of making the patient

comfortable. The care of the patient is nursing. The cure of the patient is mainly the practice of medicine.

Many hospitals are fearful of a shortage of both student and graduate nurses, a fear well grounded. In many sections of the country, a shortage already exists. The prosperity, real or artificial, which has accompanied the New Deal policy of spending billions of borrowed money and its reflection in increased private duty nursing are not the only reasons for the shortage. Neither can the shortage be attributed alone to the increased use of nurses in public health by government agencies, although it is perturbing to learn that twenty years ago, there were in the United States 5,000 public health nurses, whereas there are now 15,000 and that 50,000 are needed. Instances have been reported of clever propaganda directed to high school students to discourage them from entering nursing schools. Persistent pleas have been made to reduce their enrolment and there has been a decrease in the number of students in nursing schools. The glamour of the Great War is fading and such productions as "Men in White" do not continue to stimulate a surge of interest in a nursing career.

Not An Alarmist View

One need not be an alarmist to be concerned over the present and the future of institutional nursing. In an article which appeared recently in a hospital journal, the executive secretary of a national organization of nurses declared that "it is encouraging to find that fewer nurses are being graduated." An added comment was, "It is to be hoped that the good schools will not grow smaller in order to keep a balance between supply and demand."

There is a tendency on the part of nursing organizations to approach this problem from the standpoint of the individual nurse. This is no doubt a natural one, but the hospitals and the medical

profession must think first of the adequate care of the sick. *The closing of many small schools is justified if facilities for proper instruction are not available. The meeting of adequate standards in some instances made their training schools a financial liability. If the present trend for still higher standards and increased restrictions continues, the same effect may result in the larger institutions. Good nursing schools may be an economic asset even when the educational responsibility is realized, but red ink can only be used to a reasonable extent on the hospital ledger.*

\$815 a Year to Educate a Nurse

The director of a well known hospital in the central states has computed the cost of educating a student nurse at \$815 a year or \$2,445 for three years. If this amount were charged to the student and if she were allowed twenty-five cents an hour for services rendered to patients in the first year, 30 cents an hour during the second year and 40 cents an hour during the third year, this charge for tuition and maintenance would be reduced to a net cost of \$1,330 for the three years. This might be compared with the cost of three years in an academic course in college. The analysis might also serve to refute the charge of commercial exploitation. If anyone is skeptical of the fairness of comparison with an arts and science course in an average college, let him consider the ease with which credits can be obtained for an A.B. degree. We have yet to put "Appreciation of Art" or "Ping Pong" in the nursing curriculum. Indeed, most R.N. diplomas imply more education than many a Ph.D. degree, awarded for such a thesis as "A Study of the Methods of Milking" or "The Love Life of the Louse."

These questions are frequently asked: "Why do hospitals assume the responsibility of training nurses? Why not let the state or private endowment take over the task as is done in other fields of edu-

cation?" Hospitals have conducted schools of nursing because no other facilities for nursing instruction were available. They will continue to do so unless curricular and other requirements make it economically impossible or until government accepts the burden. The statement has been made that nursing instruction should be separated from nursing service. This hardly seems feasible but hospitals might be glad, indeed, to be relieved of the burden of training nurses and to be able to confine their interests to nursing service. It might well be said, "Take nursing education if you will and make the most of it, remembering, if you please, that the gauge of your success will be, not the beauty of your theory, but the practicability of your plans."

The need for executives, instructors and other leaders in nursing is apparent. At least two prominent university or graduate schools of nursing have been established and a number of hospitals by university affiliation, offer a combined or degree course. From such sources, we expect to obtain our nursing generals. Where shall we recruit our nursing soldiers? Already many institutions are being forced to increase the sub-nursing groups and nursing attendants are being trained to do many tasks which formerly fell to nursing. The Horner Report of New York State recommended such a development. When confronted with a choice of no nurses or ordinary nurses, the hospital's decision is obvious.

In 1929 there were 1,885 schools of nursing accredited by state boards, while in 1935 there were 1,472, a decrease of 22 per cent. There were 17,000 fewer students in accredited schools in 1934 than there were in 1932 and 3,000 less are being graduated from schools of nursing than in 1932. The commissioner of hospitals of New York City said that the student registration in his department has so dwindled that today there are only 660 undergraduate students enrolled in six

schools among the twenty-four department hospitals having a total bed capacity of nearly 16,000.

Do We Want a Brain Trust?

What are the real objectives of nursing? Are we to raise standards of admission to training schools to obtain fewer nurses who know more? Who then will do the routine duties of nursing? The professoriat may have taken Washington, but there is still some doubt of the desirability of surrendering bedside nurses to a brain trust.

In industry we have mechanical engineers and we have mechanics. Perhaps

in health, we should have a nursing profession and a nursing craft. The latter, however, implies recognition, certification and licensure of both. Already many hospitals are using nursing attendants and more and more the duties formerly performed by nurses are being delegated to this comparatively new class of personnel.

Hospitals do not wish to exploit nurses. Moreover, hospitals recognize the potentialities of political pressure by organized groups. They also are sympathetic to the desire of nurses to fit themselves better for the work of nursing. The plea which is made is merely for moderation.



LET US TRY TO UNDERSTAND

ETHEL JOHNS

In the foregoing article: "Nurses—what next?" Dr. MacLean makes a plea for moderation. This is such a reasonable request that we are encouraged to make a plea on behalf of nurses—we ask for understanding. Before reading further make sure that you understand what Dr. MacLean really means. Do not be misled by the facetiousness of his style but try to get down to the core of his thinking; he has something to say which merits our attention. And remember that Dr. MacLean does not speak for himself alone. It is no secret that his views are shared by many hospital administrators in Canada as well as in the United States.

With some of these views we do not agree and later on we shall have something to say about them. But first of all let us admit that Dr. MacLean has done nurses a real service in raising certain questions of crucial importance. In the

concluding paragraphs of his article he says:

What are the real objectives of nursing? Are we to raise standards of admission to training schools to obtain fewer nurses who know more? Who then will do the routine duties of nursing? In industry we have mechanical engineers and we have mechanics. Perhaps in health, we should have a nursing profession and a nursing craft. The latter, however, implies recognition, certification and licensure of both. Already many hospitals are using nursing attendants and more and more the duties formerly performed by nurses are being delegated to this comparatively new class of personnel.

Here is an issue the implications of which may yet shake the profession of nursing to its foundations. At the present time in Canada the vast majority of schools of nursing are owned, operated and controlled by hospitals. In the past, these schools were a financial asset to the hospitals because they ensured a reason-

ably efficient and relatively inexpensive nursing service. When, however, perfectly justifiable demands were made that more and better teaching should be given and that the hours of duty of student nurses should be reduced, the narrow margin of profit began to dwindle and even to disappear. Dr. MacLean is right when he says that red ink can only be used to a reasonable extent on the hospital ledger. Routine care must be given to the patients and if students cannot provide it then another group of workers must be found who can. To a considerable extent the need has been met by employing general duty nurses but this plan has been found too expensive by many hospitals. The result is that in the United States there is a growing tendency to employ women who are not professional nurses but who nevertheless give routine nursing care in return for a much lower salary than is paid to general duty nurses.

In the July issue of the *American Journal of Nursing* will be found an admirable article, entitled "Hospital or Collegiate Schools of Nursing?", in which Sister M. Bernice Beck outlines with commendable frankness the true state of affairs. This is what she has to say:

We must remember that the practical nurse and the attendant are with us whether we like it or not. They are trained in various ways for various functions and sometimes not systematically trained at all, but are merely the product of a haphazard training picked up by practicing on the patient. Their numbers are increasing, not decreasing and undoubtedly the cause of the increase is partly due to our efforts to improve the preparation of the nurse.

In the better schools of nursing the student nurse can no longer be depended upon for the long hours of service and the full care of the patient, as in former days. The result is that hospitals are turning to the subsidiary worker as an economical means of meeting their needs. The worker may be rigidly or loosely limited in her duties and sometimes is carefully supervised, but when she leaves this situation she may blossom out into the "nurse" who does nearly everything the graduate nurse does. Sometimes she demands the same remuneration for her services and obtains it from an unin-

formed and unsuspecting public. If we could obtain 100 per cent co-operation from doctors, this situation could not continue, since patients usually have doctors and the doctors ought to be fully informed regarding the preparation and qualifications of the nurse working with him. Often he engages the nurse.

Is this state of affairs a strong argument in favour of keeping the education of the nurse on a lower than collegiate level? I do not think it is, but I do think that if we attempt to force schools rapidly to the higher level, they will either make a mess of nursing education, offering a counterfeit collegiate course, or they will give up their schools and fill the hospital with attendants who will get the work done in a fashion. Some hospitals whose schools have been discontinued because of increasing requirements have already done this. Therefore it seems advisable to educate those controlling the hospital school to the advantages of a fine preparation for the professional nurse, rather than force them hastily to some radical adjustment to a new situation. I am so afraid that reform enforced from without will never penetrate to the mind and heart of nursing education. The drunkard forced to take the pledge seldom keeps it unless there are very urgent inner promptings thereto. Therefore it is extremely important that we prepare well the nurses who take charge of our schools and assist in the education of the student nurse. Two or three faculty members, thoroughly imbued with the ideals of the good school, should be sufficient leaven to lighten the entire mass in that particular institution and are more helpful in raising standards than a dozen officers of nursing laws each armed with an awful-looking shotgun filled with commands and recommendations.

Whether or not we are willing to admit it, the ubiquitous presence of the subsidiary worker or/and the practical nurse seems to be an indication that two types of worker are required, the carefully selected and well-educated nurse, properly prepared to do the most difficult and exacting tasks which fall to the lot of the nurse, and the woman with less education and preparation.

It might be claimed that there is as yet no such situation in Canada and that therefore we need not be unduly concerned about it. It is quite true that, so far, relatively few non-professional workers are engaged in Canadian hospitals. But there are at least two schools for trained attendants in Canada and the number of "practical nurses" engaged in

the private duty field increases with every year that passes.

For more than ten years the Canadian Nurses Association has been planning the advancement of nursing education and, as a result, we have as chart and compass the Survey of Nursing Education in Canada and our Proposed Curriculum for Schools of Nursing. If the valuable recommendations put forward in these volumes are ever to be more than pious aspirations they must be translated into terms of action and the moment we begin to do this we shall be confronted with some stubborn realities.

Perhaps we need not be unduly dismayed at the prospect. Miss Mary Beard has said that the possibilities of working out a satisfactory relationship between hospitals and schools of nursing have not yet been sufficiently explored. We heartily agree with her. Furthermore we believe that an enlightened self-interest on the part of hospitals will prevent them from adopting policies which might threaten the efficiency and dependability of their own nursing services. The reputation of a hospital and the esteem in which it is held by the community depend in a large measure on the confidence of the public in the competence of the professional nursing staff. Once this is undermined it will be difficult to restore.

On the other hand, nursing as an organized profession cannot continue to ignore and evade the issue raised by the employment of subsidiary nursing personnel. As soon as they appear in any large number in our hospitals it will be necessary to delimit their sphere of activity and the hospital authorities may find this to be a more difficult problem than they now anticipate. By way of illustration we mention Dr. MacLean's statement that "routine nursing care" consumes from 50 to 80 per cent of a nurse's time and we note that he makes a sharp distinction between "care" and "cure". In his capacity as a physician he might

perhaps find it difficult to separate them in actual practice. In pneumonia, for example, where skilled nursing care is frequently an indispensable factor in cure. There is here the common failure to understand what *skilled* routine nursing care implies and how it differs from the *unskilled* variety. The vital difference lies in the fact that *skilled nursing care includes the capacity for acute and intelligent observation*. This capacity is a sort of sixth sense and is only developed by prolonged study and experience. Yet upon it there sometimes depend the issues of life and death.

Let us, as professional nurses, admit frankly that a subsidiary nursing personnel could give routine nursing care acceptably. But let hospital administrators remember that one all-important factor would be absent from such care: the ability to observe intelligently and to interpret correctly. No matter how skilled the professional supervision might be it could not be sufficiently intensive or extensive to safeguard patients, particularly at night. It is quite true that skilled nursing care includes giving bedpans and punching pillows, rubbing backs and bringing the breakfast tray. These are all nursing duties willingly performed. Over and above them, and yet part of them, lies the continuing intangible art of nursing which has nothing to do with what Dr. MacLean calls "the fantastic fiddle-faddle of the parlance of nursing education." The performance of these duties, while not technically difficult, nevertheless affords unique opportunity for continuing observation of the patient—provided the nurse has sufficient knowledge and experience to qualify her for the task.

It looks as though, in the interest of the patient, hospital administration must come to terms with nursing education and nursing education with hospital administration. Let us begin by searching for common ground. Dr. MacLean accepts, as a matter of course, ideas concerning

nursing education which would probably have been denounced as ultra-academic ten years ago. He admits that there is a need for "nursing generals" and that they must be adequately prepared for their work. He says that the closing of small schools is justified if proper facilities for teaching are not available. He recognizes quite frankly that the nursing field cannot be artificially delimited but that inevitably it "marches" with that of medicine. We wish all administrators and boards of directors were as broadminded.

Even more encouraging is his admission that institutional nursing, as it is today, does not permit the full development of the nursing arts. If only we could persuade him and other hospital authorities to go a little further we might come nearer to a mutual understanding. Where does the blame lie for crowded, understaffed wards and the indifferent nursing care which goes with them? Who is responsible for imposing hours of duty that are sometimes a menace to health and which make study a burden instead of a pleasure?

We do not believe that hospital executive officers are personally responsible for these things. They are usually intelligent, hard-working men and women, trying their best to do a difficult job under adverse conditions. The trouble lies deeper: in the past it has been easier to thrust the burden on to the shoulders of the nursing staff than to place the financial responsibility where it belongs. And where does it belong? It belongs to the community at large, and signs are not wanting that the community is ready and willing to play its rightful part if and when hospital administrators pluck up their courage and come to realize that the nursing staff cannot "take the buffet and cushion the shock" to all eternity. There are communities in Canada which would accept bold leadership in such matters. "Ye fearful Saints, fresh courage take!"

In such a campaign of education nurses

must be prepared to take their part. When we are asked: "How is nursing education to be financed?", we usually take refuge in vague generalities about "State support" and "gifts from benefactors." It would be more to the point if a few good schools of nursing could get down to brass tacks and work out in conjunction with their Boards of Directors, a sound scheme which would really work. But this task, difficult as it is, would be easy as compared with that other challenge to which reference has been made already. Dr. MacLean puts it quite fairly when he says that the creation of a nursing craft as distinct from a nursing profession implies recognition, certification and licensure of both. This is an extremely delicate undertaking and one which requires the whole-hearted co-operation of professional nurses if it is to be successful. Should we not make a beginning?

Suppose the Canadian Hospital Council should come to us tomorrow and ask for a sound, well-reasoned statement regarding the use of auxiliary personnel in hospitals—are we prepared to give it? It is time we knew our own minds on this and other matters which affect nursing practice and nursing education far more profoundly than the content of courses in the underlying sciences.

As a professional group we must accept two heavy responsibilities. The first is to maintain our professional status and safeguard nursing education. In this connection the Curriculum will be invaluable. Excellent standards for schools of nursing have been set up and a comprehensive teaching plan has been prepared which, if properly carried out, will ensure a sound professional preparation. But in the field of nursing service we are met with an insistent demand for a subsidiary type of nursing personnel. Shall we concentrate all our efforts on maintaining educational standards and let the service problem severely alone? Or shall we tackle both problems with courage

and resourcefulness and find that in overcoming the second we have gone far towards solving the first?

One thing is certain. We cannot settle things all by ourselves and entirely to our

own satisfaction. There are other parties to the contract: the hospital, the physician, the patient — and the community which includes us all. Let us try to understand.

A PROUD MOMENT

The illustration shows Her Royal Highness the Duchess of Kent with the Nightingale International Students to whom she presented certificates at Bedford College, London. In the back row will be seen, S. C. Bovill (Great Britain), V. Dunbar (United States of America), I. I. Pohjala (Finland), A. C. Neill (Canada), G. J. Sharpe (Canada), M. E. Flambert (Great Britain), E. R. Bridges (New Zealand), M. Reynolds (Great Britain), Y. Hentsch (Switzerland). In the front row are standing, G. Holden (Canada), K. Bratt (Sweden), M. W. Astley (New Zealand),

H.R.H. the Duchess of Kent; J. Manuel (India), K. Laurinaviciute (Lithuania), I. M. Abelgas (Philippine Islands), K. Whitsed (Great Britain), J. G. Thompson (Great Britain), K. Scrymgour (Australia). Even to read the list demonstrates the international character of the course and quite apart from the value of the course itself there is that broadening of mental horizons which comes from contact with peoples from other lands, of other races and of other religions. Canada is well represented in this picture. Would you like to be a member of such a group? You might be! Turn to page 516 and find the way.



NEWS FROM EXCHANGE STUDENTS

There is many a mile between Edmonton, Alberta, and Cape Town, South Africa, but our exchange students take them in their stride. Here is a letter from Miss Margarita T. Reed of the University Hospital, Edmonton, Alberta:

On my arrival in Cape Town, I was met by members of the Nurses' Exchange Committee and taken to Mrs. Horwood's office, where I was made most welcome. Mrs. Horwood had arranged that I should be taken through the different hospitals in Cape Town, and I was driven out to see the New Groot Schuur Hospital, which is still under construction. It is built on the outskirts of the city, and is truly a building that any country may well be proud of; the hospital will accommodate about eight hundred patients. The nurses' home is a beautiful building, with sleeping porches for the warm weather, and it has a perfect location at the base of a mountain. The home has everything to ensure not only the comfort of the nurse, but her happiness.

I left Cape Town with the most pleasant memories, to continue my journey to Port Elizabeth. Here again I was met and warmly welcomed. It may truly be said that the South African people are of the most hospitable and friendly nature. They are anxious that a stranger should like their country, and are eager to hear of one's own homeland.

In addition to the hospital work and routine, which differs very little from that of the average Canadian hospital, the nurses have accomplished some very fine work. Their Trained Nurses' Association seems to be a very well organized and co-operative body. They are now forming a committee to interview and to standardize the different hospitals with regard to the training of the student days. Their ideas and aims resemble somewhat those outlined in our *Survey of Nursing Education in Canada*. The Association has made it possible to have a pension scheme for trained nurses, which ensures the nurse a very substantial income when she reaches the age of fifty-five years, the

retirement age for South Africa. Besides that, the South African nurse is given, at the end of each five years of duty, a six-months' leave, three months with full pay and three months part pay. Many nurses return to their homeland in England.

South Africa is perhaps young in the nursing world, but the nurses are certainly organizing and going ahead.

MARGARITA T. REED.

From the *South African Nursing Journal* we quote this letter from Miss J. Lansdorp of the Provincial Hospital, Port Elizabeth:

Just a few lines to let you know that I arrived safely in Edmonton after a very enjoyable trip. In Toronto I was met by Miss Browne, who took me over to Miss Gunn, Toronto General Hospital, where I had lunch. They took me over the hospital, which is very much up to date. I enjoyed it very much. In the afternoon I was taken for a motor spin and had a good look round the city. I was taken to tea with Miss Browne to the Women's Club. I also had a look round the Children's Hospital, where I met Miss Austin, the Matron. They were all very kind to me.

I like the trains very much, and enjoyed my journey. The country reminded me of the flat lands in the Orange Free State.

Edmonton greeted me with rain. Miss Peters, the Nursing Superintendent, and everybody on the staff are very nice to me. I am working on the surgical men's floor. Edmonton is a very nice town, quite different from our South African towns. I hope many more nurses will follow our example and exchange hospitals for a year.

J. LANSDORP,

University Hospital, Edmonton, Canada.

These exchanges can only be arranged through the Committee of Exchange of Nurses appointed by the Canadian Nurses Association. The convener is Miss Jean E. Browne.



BETWEEN OURSELVES

Last month, under this same caption, we promised an outline of the functions of this *Journal*. Here it is:

1. To afford a means of dignified publicity for the interests and activities of the Canadian Nurses Association. This is effected in two ways: (a) directly and officially through the medium of the department known as "Notes from the National Office" contributed by the executive secretary of the Association; (b) indirectly and unofficially by articles and editorial comment.

2. To interpret to nursing groups in other countries the aspirations and the ideals of Canadian nurses.

3. To act as a stimulus toward constructive thinking concerning nursing problems, educational, technical, and economic, and to reflect, integrate and interpret the thought of Canadian nurses.

4. To serve equally all the principal branches of nursing service, public health, institutional and private duty, and to avoid sectionalism and narrowness.

5. To be of service to individual nurses and especially to those who practice in isolated parts of the country.

This outline has been formally accepted and approved by the Canadian Nurses Association and is therefore official in character. It must be remembered that the Canadian Nurses Association owns, publishes and controls the *Journal*. It appoints the editor and can dismiss her if her services are not satisfactory. If the *Journal* fails to pay its own way the Asso-

ciation must meet the deficit. It is therefore perfectly proper that the primary function of the *Journal* should be to give dignified publicity to the interests and activities of the organization which sponsors it. We are often asked why so much space is devoted to the reports of various committees and to the text of resolutions which sometimes make dull and difficult reading. Yet this material must be published if the rank and file of the Canadian Nurses Association is to be informed concerning its policies and the actions that grow out of them.

At this point a word should be said about the importance of maintaining strong and united national and provincial nursing organizations. One of the most powerful factors in so doing is the existence of a fearless and independent nursing *Journal* which owes no allegiance to any commercial interest and acknowledges no authority except that of professional nurses themselves. We can speak our minds without fear or favour.

We hasten to add that we have not forgotten the challenge of "An old subscriber—not so old." We are just biding our time until some of the guiding principles under which the *Journal* operates have been made clear to our readers. The first of these is: this *Journal* is primarily concerned in promoting the interests of the Canadian Nurses Association and its nine Provincial units. Primarily but by no means exclusively. The *Journal* takes all nursing for its province, otherwise it could not fulfil its obligations to its readers.

A NOTABLE ACHIEVEMENT

In competition with nurses from five hundred Catholic Schools of Nursing, situated in Canada and in the United States, Miss Lillian Grady has won a scholarship award of \$2,500 which will enable her to attend the University of Missouri. The course she will take leads to the degree of Bachelor of Science in Nursing. Miss Grady graduated in 1927 from the School

of Nursing of the Halifax Infirmary, Halifax, Nova Scotia, and attained the highest standing granted in the same year in the examinations for registration in that Province. Her success is extremely gratifying to the members of her Alumnae Association who recently gave a reception in her honour and presented her with a travelling case and toilet set.



The Student Nurses Association of the School of Nursing of the Galt Hospital, Lethbridge, Alta., needed some money to carry on their activities. Under the leadership of their president, Miss Alice Pelletier, they organized this delightful garden party. And they made the money too!

WHAT THE R.N.A.O. MEANS TO ME

AMY CHURCH, Private Duty Nurse, Smiths Falls, Ont.

Recently I was asked to speak for five minutes on what the Registered Nurses Association of Ontario has meant to me as the oldest private duty nurse in our community. At first I thought: "Well, all it has meant to me is \$2.00 a year for my yearly fee and it won't take me five minutes to tell them that." Then I began to think of some of the best things in my life which I have always taken for granted—my home, with its love and happiness, demanding also certain responsibilities which I gladly give nor find the price too high. My town with its law and order, its safety and service, for which protection I pay a reasonable property tax leaving the actual work to be done by someone else and only reserving the right to holler loudly and demand explanations from those who do it if perchance it's not done to suit me. And I thought it might be so with the R.N.A.O., so I looked into the matter and I find the R.N.A.O. like a mother shielding my interests, giving me a place of my own in my profession and Open Sesame to every country where nursing is known and

recognized; planning new ways of keeping me abreast with all the newest and best in my work through the *Journal*; stimulating my interest and broadening my outlook through its conventions and meetings.

I find the R.N.A.O. as law and order, on guard lest those who know little of our problems start a dictatorship over us in parliamentary circles; protecting our right to make or help make our own laws. I find it on guard, in my interest, in disaster and emergency making sure that the qualified nurse gets her rightful chance and place. On guard for my future and independence, working out a system of insurance that will guard the need of the pocket book of the nurse of today. On guard for our opportunities and ambitions with its Permanent Education Fund where I may get financial help if I wish to forge ahead to wider fields and larger salaries (which unfortunately I am too old and too lazy to do).

By this time I had decided that the R.N.A.O. is worthy of my best support—and I do not grudge it my two dollars a year.

Department of Private Duty Nursing

NURSING CARE OF DIABETIC PATIENTS

GERALDINE WEBSTER, B.A., B.Sc.N., Reg. N., Supervisor, Division of Metabolism,
Victoria Hospital, London, Ont.

The nursing of diabetic patients requires the same skill and diplomacy as is necessary in the care of any medical or surgical case. The diabetic is subject to the same acute and chronic illnesses as the non-diabetic. Most diabetic patients, especially the middle-aged or elderly, have one or more complicating or associated conditions such as cardio-vascular disease, acute infections, eye conditions or anaemia. Thus, in many respects, the attention which has to be given to the diabetic does not differ from that of the non-diabetic patient. But there are additional features peculiar to the nursing of diabetics which deserve special consideration.

Patients with diabetes fall into two main classes, namely, chronic cases and acute cases. Diabetes is, of course, a chronic disease but when we speak of chronic diabetes, we refer to the patient without a major complication. Acute diabetes implies an acutely ill patient. In the care of the chronic diabetic, efficient treatment includes acquiring control of the diabetes and the education of the patient and those responsible for his welfare. Education is an important part of the management. The saying "once a diabetic, always a diabetic" is so true that the individual must be taught how to live the "diabetic life" and his training should begin the day that he enters the hospital.

The patient should be sufficiently instructed while in the hospital regarding the dietary routine and the administration of insulin so that when he leaves he can carry on intelligently by himself. Without such instruction, all the time,

energy and money spent may be wasted. The diabetic problem is chiefly the patient's problem for it is he who must bear the responsibility of continuing the treatment. It is wise to explain the reasons why certain procedures are carried out. Frankness gains the confidence of the patient. If he understands one's motives, he relies on one's judgment in prohibiting foods other than those supplied on his tray. Also, the routine of the collection of twelve-hour specimens gains importance in his mind if he understands their significance. Likewise, blood sugar tests cease to be a needless menace to his comfort if he is aware that they serve as signposts on the road to recovery.

Honesty and accuracy are bulwarks for a diabetic. Any deviation from the prescribed routine of treatment tends toward carelessness which is certain to increase with time. The gravest mistakes occur in the cases of children and young adults. Unless the most rigid management is instituted early, the disease may become severe. The child must learn about the disease and its ways and he must develop judgment in the management of himself. He must see that it is to his advantage to play the game. Diabetic children are precocious but they must be guided in the control of diet, exercise and insulin if they are to grow up to be useful citizens.

The mental attitude of the patient is a most important factor. If worries, domestic, financial or otherwise, harass the patient, the work of the physician, the nurse and the dietitian is greatly discounted. The patient must be surrounded with an atmosphere of intelligent optimism. Emotional disturbances have been

Presented as part of a symposium on diabetes at a Refresher Course arranged by District 1, Registered Nurses Association of Ontario, in London, March, 1936.

found to be the chief cause for delayed metabolism of food and must be avoided, especially at meal times.

General Care

Special attention must be given to the diet, insulin treatment and the regulation of exercise. Personal hygiene, oral hygiene, care of minor infections, abrasions and accidental bruising are also of great importance.

The food trays must be attractive, accurate and served on time. Every patient is supplied with a diet list for each meal which is calculated with a consideration of his likes and dislikes. This diet list is checked with the tray as it is served by the nurse. The patient also checks the tray when it comes to him. In this way he acquires a knowledge of the amounts of foods which are permissible. This routine lessens the likelihood of errors.

The intake of water for the average diabetic case should be 2000 c.c. daily. If the patient be suffering from a slight infection, or any minor disability, the quantity of fluid should be increased to 4000 c.c. A pitcher of water should be at the patient's bedside at all time and he should be encouraged to drink.

The collection of urine is best accomplished by obtaining two twelve-hour specimens daily, for example, from 8 a.m. to 8 p.m. and from 8 p.m. to 8 a.m. A complete urine analysis should be performed at least once a week.

Blood sugar estimations are done routinely twice a week, on Mondays and Thursdays. A fasting blood sugar test is taken before insulin and breakfast; four hours after the morning dose of insulin a second blood sugar test is secured in order to determine the effect of the meal and the insulin. In the case of a patient who is not receiving insulin, the blood sugar test is taken one and a half hours after breakfast. The results of these tests are valuable guides in the adjustment of the diet and the insulin dosages.

If it is necessary to care for a diabetic patient on a general ward, the patient as

well as each nurse must be impressed with the importance of collecting specimens accurately. His diet and insulin must have special and continual supervision and he must be protected against the generosity of other patients and visitors with regard to fruit, candy, confections, chewing gum and everything which is not included in his prescribed diet. Honesty is the only policy for a diabetic; in cheating, he cheats himself and cancels the only type of life insurance which he can carry.

Elderly Diabetics

Diabetes in senile patients is inherently mild but improper treatment, carelessness, neglect, infections and toxæmias, tend to reverse this tendency. In arterio-sclerotic individuals, because of sclerosed coronary and cerebral vessels, the maintenance of a relatively high blood sugar level is advisable to facilitate the nourishment of the heart and brain. A sudden reduction of the blood sugar may precipitate myocardial failure or cerebral disturbances.

Peripheral arterio-sclerosis and defective circulation may be relieved somewhat by the moderate applications of radiant heat and the ingestion of spiritus frumenti tends to dilate the peripheral blood vessels. Contrast baths may be helpful in cases where no superficial lesions complicate the condition and exercises are beneficial to stimulate circulation. Buerger's exercises are effective in the treatment of the lower extremities. They are carried out in the following manner: radiant heat is applied for fifteen minutes, after which the feet are elevated on a Buerger board at an angle of from 60 to 90 degrees for three minutes; then they are permitted to hang over the side of the bed for five minutes or until a marked rubor has developed. While the feet are dependent, circumduction of the limbs is practised three times, flexion and extension three times and the toes are flexed and extended three times. After this, the legs are al-

lowed to rest horizontally for fifteen minutes with an electric pad in contact with the soles of the feet.

Gangrene is a frequent and often a fatal complication among elderly diabetics. The primary cause of this condition is poor circulation due to thickening of the walls of the blood vessels. Diabetes seems to aggravate and intensify these vascular changes. Gangrene is often precipitated by some slight injury. Therefore the following rules are emphasized as means for preventing the development of diabetic gangrene.

Wash the feet carefully twice a day with soap and water.

Dry carefully; if feet are soft, rub with alcohol.

The circulation may be increased by massage for five minutes with lanolin or cocoa butter or by postural exercises.

Wear clean hose without darns.

Shoes should be roomy, flexible and must not bind or rub the feet.

For the removal of corns and callouses, paint with a mixture of salicylic acid and collodion after bathing.

Cut nails straight across and avoid cutting the flesh.

If the flesh is cut or bruised, dress with clean gauze and boric and alcohol in equal parts.

Avoid burns from hot water bottles or electric pads. Use heat only when well protected, as in the use of an electric light bulb suspended in a cradle above the feet.

Exercise great care in cold weather. Since the sense of pain is diminished, heat and cold are felt less acutely.

The progress of gangrene in a diabetic patient must be closely watched. The condition may extend rapidly under the most careful treatment. Air bubbles under the skin give a crackling sensation on pressure and warn the physician of the presence of infection with the gas bacillus.

Other Complications

Neuritis is a common ailment in uncontrolled or untreated diabetics. In this complication the diabetes must be treated first. Light massage and diathermy aid in alleviating the pain.

A female diabetic will often tolerate

many symptoms of the disease such as excessive thirst, polyuria, dryness of the skin and loss of weight and energy but the existence of pruritus vulvae will force her to consult a physician. The irritation subsides usually with the control of the diabetic condition. Absolute personal cleanliness and a soothing ointment relieve the local discomfort.

Another important factor in the treatment of the diabetic is care of the teeth. Dental infection tends to intensify the metabolic disorder. Periodic dental examinations are advisable. If extractions are necessary, only four or five teeth should be removed at a time and this should be done only after consultation between the physician and the dentist. Following the performance of dental surgery, the food must accommodate itself to the condition of the mouth. A soft bland type of diet without change in the prescribed values is desirable. A hot saline mouth wash used frequently promotes cleanliness and healing.

Diabetic Coma

The acute diabetic is one with some more or less alarming associated or complicating condition. This is usually diabetic coma or pre-coma, gangrene, infection (generalized or localized) or some other surgical problem. Diabetic coma is a medical emergency. All the skill and attention available is necessary for its treatment. Hospitalization is essential and the facilities of an up-to-date laboratory are indispensable. Prior to the entry of the patient into the hospital, time is saved by the use of the telephone to notify those responsible for the patient's care when he arrives. Delay in the institution of therapy in diabetic coma is probably the most important cause of the fatalities which are the result of this condition. As in surgical shock, the bed should be made with warm blankets. Hot water bottles, well protected in flannel coverings, should be placed outside the blankets or mild radiant heat may be

used to maintain the body temperature.

Solutions such as insulin, normal saline, sterile distilled water and glucose in ampoules must be at hand. Equipment in the form of syringes, blood sugar tray, intravenous and interstitial sets and materials for gastric lavage must be available as well as cardio-respiratory stimulants.

Often a blood sugar estimation is advisable before insulin treatment is employed in order to be certain of the diagnosis. The insulin dosages vary according to the age of the patient, the severity of the coma, the height of the blood sugar, the frequency of their administration and the response to the treatment. The quantity of insulin required to rescue a patient from coma varies extraordinarily. Careful observation at the bedside and in the laboratory alone can save the patient who is in coma.

Fluid can be supplied by saline solution given interstitially. Insulin and dextrose may be administered by intravenous injection using approximately one unit of insulin for each gram of dextrose, in a ten per cent solution. A gastric lavage, using a five per cent solution of sodium bicarbonate, may be necessary to relieve abdominal pain, persistent vomiting or,

rarely, a dilated stomach. A simple enema will clear the lower bowel and so permit the absorption of fluid administered per rectum.

Catheterization for urine specimens is condemned due to the possibility of bladder infections. The first specimen obtained is not a reliable source of information as the urine may have been in the bladder for some time. The second specimen of urine has a value in testing for ketones but the blood sugar tests constitute the chief guide to treatment. Whenever possible, however, these should be supplemented with estimations of the CO_2 combining power of the blood. Stimulants in the form of caffeine sodiobenzoate and coramine are used if necessary in extreme cases.

When the blood sugar begins to fall or, at any rate, when the patient has recovered sufficiently to swallow and the stomach is retentive, carbohydrate is given orally in the form of ginger ale, orange juice with or without dextrose to the extent of 100 grams of carbohydrate in twenty-four hours. The patient should be encouraged to drink water, tea, coffee and clear broth, well salted, freely.

(To be continued)

BE ON YOUR GUARD

The *Journal* has been notified that a plausible young man, who calls himself its representative, has recently been soliciting subscriptions in Calgary, Alberta. He has also been trying to get lists of the names and addresses of nurses, probably with the intention of preparing what is known in business circles as a "sucker list." It is never safe to give lists of the names and addresses of the members of

nursing organizations without first making sure that the person who asks for them is entirely trustworthy. Let us repeat once more: *we employ no agents*. If you are approached by any man who claims to represent the *Journal* ask for his name and address and notify us immediately. *Under no circumstances give him money.*

Department of Public Health Nursing

SCHOOL NURSING

BESSIE WILSON, School Nurse, Kingston, Ont.

The term school nurse would give at first glance a picture of a very limited field, but contrary to this first impression she is of necessity a nurse of many specialities and must be well informed in every branch of public health nursing. In reality the school nurse of today spends about one-third of her time in the classroom; the remainder is spent in the homes and in conference with teachers and other agencies who are striving to meet the needs of the community. She is the guide and director of the health education programme in the school, and must work in close co-operation with the teacher in all projects relating to the well-being of the child.

To ensure a healthy happy nation, sound and vigorous in mind and body, the health programme must surely be begun long before the school and adolescent period, but the school may also be the medium through which this objective is gained for the future generation.

It is a far cry today from the health programme of the early days when sanitation and ventilation of the school buildings were the main topics for discussion. Communicable disease control was added later and for some time held first place in importance and, as a natural sequence, personal hygiene and correction of defects were included. Today we have a new way, with education as our basis: promoting in the child and in the community a realization of what good health is, developing a desire for it, and fostering an appreciation of its value.

The school nurse is sometimes the sole interpreter of health to her community since she is the means through which public health information becomes applied

health education in the average home. Does it not therefore seem essential that she should first study herself in relation to the school-health programme? Excellent health, physical and mental, and an enthusiasm and belief in her work are necessary. A sense of values will help her to view her objectives with the needs of her particular community in mind. A sense of humour and an ability to place herself in another's shoes will sometimes gain for her an unlatched door for further contact though her cause for the present may seem to have been lost. The school nurse should have a background of education equal at least to that of the teacher, with whom she must work so closely and, through refresher courses, endeavour to keep up with new knowledge.

Her contact with the teacher is a close and natural one. She should have a sympathetic understanding of classroom problems and be able to guide and assist the teacher in all her health activities. The teacher and the nurse by combining effort will produce a more effective programme than when each is working alone.

The teacher is the logical one to teach health and, as in the case of the nurse, should possess good physical and mental health. Health teaching should be so interwoven with all the day's lessons and activities as to be a natural part in the child's life. He plays the health game because it is a pleasant thing to do and being well is a happy condition.

The teacher, by taking over such phases of the work as regular morning inspection, is assisting more fully in the practical side and therefore is better able to understand the programme and its objectives. Whenever possible the child should take his share in the health re-

(Presented at the annual meeting of the Registered Nurses Association of Ontario, April 17, 1936.)

sponsibilities because in this way practical application can be established. Good ventilation; lighting as related to position of blinds, cross-lighting; seating, as related to posture; communicable disease control — all can be part of the child's responsibilities toward his classmates. For the smaller children, proper use of the toilet, handwashing, the removal of rubbers, checking up on cleanliness and the use of handkerchiefs may give that practical application of health teaching that is so necessary. The influence of the Junior Red Cross Society is of inestimable value in establishing all these health habits.

The nurse should make sure that the teacher is aware of the physical defects and limitations of every child in her class and these she cannot fully appreciate without a knowledge of the home environment which so often is reflected in the child's behaviour. The nurse, through her home contacts, is able to carry back to the teacher a picture of Johnny's home difficulties which may alter her method of approach to the child.

The school-nurse should include the doctor's office in her visiting list. She is thus able to interpret the objectives of the school-health programme to him and to receive standing orders for his cases regarding attendance at various clinics. She may also seek information from him as to the nature of certain conditions in his small patients and thus indicate that she recognizes his place in the programme and that he is willing to co-operate. At Queen's University the school nurses have been asked each year to present the health programme and objectives of school nursing before the final year medical students.

Communicable disease control requires the full co-operation of parents, doctors, Board of Health, teachers and nurses. Parents can be taught how to detect signs of illness and how to co-operate by daily morning inspection during times of epidemic. Circulars may be sent to the

homes from the school, describing early symptoms and requesting isolation of suspects. Tuberculosis is always a potential health hazard in any community. The school-nurse should know of all active cases and where there is no special worker she should endeavour to give nursing supervision to these cases and make sure that all contacts are examined periodically, working closely with the family physician.

At the beginning of each term, contact can be made with the isolation hospitals and with the Medical Officer of Health and instructions received as to what particular communicable disease to watch for.

School nursing should mean a correlation between the teacher and the home with the child as the motive for such correlation. The child should feel that mutual relationship even if he cannot express it. I think it cannot help but have a beneficial effect, especially to the handicapped child, to know that the home, his teacher and the nurse are with him, ready at all times with help and encouragement. What it must mean to timid Mary who didn't know, until the school-nurse tested her eyes, that she couldn't see the board as plainly as the others but only knew that school was "awful hard and not much fun?" If school health service does nothing else it will have justified its existence in discovering these handicaps and preventing that deadening inferiority complex which surely attaches itself to the not-understood, handicapped child.

Parents should be encouraged to meet the nurse at school. Advice thus sought is more appreciated and the parent is in a more receptive mood. However, through a home visit many lessons can be taught and contacts made with the other health and social agencies by an observant school nurse. A pre-natal lesson may be naturally given — for how can the nurse discuss the cause of Mary's poor tooth formation thoroughly without presenting to

the mother the pre-natal influence on the teeth? How can she discuss intelligently the round shoulders and rickety appearance of Johnny without probing a little into the diet and habits of Johnny's pre-school life? And how can she discuss adolescent Janey's problems without a knowledge of the recreational facilities of the community?

Mrs. A. lives just around the corner from the school. You all know the house. It sits back a little in an apologetic manner and leans slightly on its next door neighbour. We approach the door with Mary's tonsils firmly focused in our mind, fully determined to get action. Mrs. A., a pale, nervous little woman, ushers us into the clean, crowded parlour. On the floor sits four-year-old Johnny with some soiled "batting" in his ears and a nose shouting for attention. The new baby decides to postpone his protest to the world and gives us a watery smile of welcome. Our stage is set, but something is amiss. Mary's tonsils recede slightly into the background when Johnny's running ear and nose are brought to view, the new baby's crossness apologized for, and grandma's sudden "taking to her bed" made known.

When the nurse is familiar with the family physician's wishes for such cases as these, an explanation of the workings of the nose and throat clinic includes Johnny in the programme. A short thesis on why babies get cross and the address of the nearest well-baby clinic attends for the time to the new baby's wants. A promise to grandma of a visit from the "Victory Order Nurse," or other visiting nursing association leaves Mrs. A. with something to work on and the nurse with one more school-home visit to her credit.

The parent is familiarized with immunization through the school health service which brings us to the all-important subject of the pre-school child. Few communities are fortunate enough in having nursery schools. This is an ideal to keep

in mind. In order to link up a complete health programme the pre-school child should be included. These are the most impressionable years and this the time when habits are formed. His importance in the plan cannot be over-estimated. Here is the key to communicable disease control and the lessening of resulting defects. Here immunization has its greatest import and here is where orthopaedic defects are most easily corrected and nutritional diseases avoided. A nurse should always be on the lookout for cases of strabismus in the young child which requires early treatment if loss of vision is to be prevented.

The kindergarten gives an early group contact, and the discovery of four-year-old Johnny's needs in the home visit has its value as an individual method of contact. A health examination and immunization against diphtheria and smallpox of every pre-school child before entering school is a goal toward which every school nurse should struggle. The introductory home visit when the child first enters school is of value as it makes for better understanding and co-operation on the part of the parents in future contacts. The mental health of the child should be the deepest concern of the school-nurse. Mental and physical health go hand in hand in the school health programme. In her contacts with school and home clubs she should bring all new agencies for preventive work along such lines to their attention. Parent study groups with a competent leader who can usually be found with some searching, in most communities where travelling mental health units have had contact, may be formed and, after a course of study, leaders for other groups created. However, the most satisfactory method of mental health teaching is in the interest that can be fostered in the parent for her child's needs. Then and then only will we have a future of healthy, well-balanced, happy men and women, able to think clearly and sanely

and able to take their places in this old world that needs just such people so badly.

A word about records. Without them there is a lack of continuity in teaching and lessening of efficiency; with them a more intelligent and even piece of health supervision is accomplished. Accurate and complete records show that what has been accomplished and also what has been left undone.

Service clubs and church organizations should be acquainted with school health service. A mutual benefit can be derived and a group consciousness toward community health inspired. Practical help may also be available toward the correction of defects. A health committee, such as a sub-committee of the Board of Education, is of value to the nurse. Here,

problems of school nursing can be discussed and passed on to the Board. The nurse may explain items of her report that she wants stressed and receive real assistance and co-operation by this close contact.

In closing I quote from the *American Journal of Public Health* a few problems that have been suggested for study for the research-minded school nurse:

Causes of absences of school children.

How best to control contagious disease.

Effect of extra nourishment on under-weight children.

Comparison of the health of children who live in co-operative and un-co-operative homes.

Mental health attitudes and problems as they affect the physical health of the child.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

Scholarship

A scholarship of the value of twelve hundred and fifty dollars (\$1,250) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1937-1938, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, and living expenses at Florence Nightingale International House.

Courses are available for either:—

1. Nurse administrators and teachers in schools of nursing.
2. Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

**The Executive Secretary
Canadian Nurses Association
1411 Crescent Street - Montreal**

to whom completed applications should be returned not later than January 15, 1937, together with the necessary forms and credentials.

The award will be announced on April 1, 1937.

Department of Nursing Education

SUPERVISION AND WARD ADMINISTRATION

MARION B. BIE, Assistant Instructor, the School of Nursing of the Saskatoon City Hospital.

In any educational project, whether it be in a general or in a professional field such as nursing, a system of supervision is essential. Supervision is the controlling force which guides the plan of action and promotes the growth of the individuals involved. The same principles which apply generally to supervision are equally applicable to the field of nursing education and to that of nursing service.

Supervision must be a co-operative undertaking. Each individual must recognize the contributions she should make and the programme should be worked out on the basis of mutually understood principles. This stimulates interest and develops a sense of personal responsibility on the part of all concerned. It also encourages constructive suggestions and stimulates head nurses and students to be teachers and to pass on to the whole group any new contribution which they have to make.

Supervision must be democratic. The highest type of supervision is true democratic leadership. Because of the great responsibilities involved in nursing service ultimate control and responsibility must be definitely centralized in one person who is naturally the supervisor. But the supervisor is dealing with her intellectual peers and her position as leader must be the result of natural and rational choice because of her greater experience.

Supervision must be scientific; that is, it must be based on sound educational principles and methods. Experimentation should be used to discover the best methods of instruction and to improve the technique of nursing, instead of adhering to traditional ways. There should also be objective means of judging the effects of supervision.

Expertness in a given field, based upon broad experience, is a pre-requisite for undertaking supervision in that field. The supervisor must be an expert if she is to be the controlling force which maintains an efficient educational and nursing service; otherwise she will not be able to inspire confidence in her staff and patients. While this is basic it is not sufficient to qualify her for the position of supervisor. She must have an understanding of the principles of education and supervision which comes from special training.

From the administrative and teaching angles the position and duties of the supervisor and the head nurse must be related and co-ordinated. There should be a mutual understanding of what the responsibilities of each really are. They should work out together an administrative and teaching programme based on mutually understood principles. Their relationship should be truly democratic but it is important that control and final authority be vested in one person: the supervisor.

The supervisor has the wider scope of responsibility. She will have several wards and must analyze the whole situation and work out a programme embracing every phase of activity so as to provide adequate nursing care to all patients and adequate instructions for all students while maintaining smoothly running ward machinery.

From the point of view of administration, the head nurse usually takes the responsibility for detail. The programme itself is worked out co-operatively and the head nurse should feel that she has a definite contribution to make and understand exactly what her responsibilities are. Arrangements should be made that

one of the two is available on the ward at all times. The head nurse should be able to relieve the supervisor if need arises and thus prepare herself to assume greater responsibility.

From the teaching point of view, the same relationship must be maintained, the programme worked out together, each knowing her own responsibilities.

Preliminary Analysis

The supervisor's first activity should be an analysis of the ward units in order to determine the strengths and weaknesses and what things need immediate attention. She should then work out a plan to co-ordinate the units and to divide her activities between them. She will confer with the head nurse on each ward and work out a detailed programme to eliminate weaknesses and steadily improve the service. This survey should include:

Careful inventory of facilities and equipment with a view to establishing a standard. A survey of the ward personnel, including the nursing staff, maids and orderlies in order to see that there is sufficient staff and that each knows his or her responsibilities. It is the supervisor's duty to maintain a co-operative and democratic relationship and to straighten out any misunderstandings which may arise.

An investigation of the methods at present in use on the wards and of means to improve them. This must be a co-operative undertaking and any member of the staff should feel free to offer suggestions. The methods should be judged on the basis of safety, effectiveness and economy of time and material.

A daily programme of ward activities should be worked out each morning with the head nurse on each ward. The supervisor should arrange for relief for the busy ward from another less active ward on her service. The head nurse should be ready to send relief to other wards if the supervisor deems it necessary. Continuous supervision of the nursing service should be carried on so that each patient

receives the best possible care. Provision should be made for opportunities of growth and professional development for all members of her staff particularly in developing the efficiency of head nurses.

Ward Teaching

The first essential is that the supervisor should realize her responsibility as a teacher and should understand the laws of learning and the best methods of instruction. The supervisor cannot do all the teaching so the head nurse must also realize her responsibilities and make the best use of teaching opportunities under the direction and guidance of the supervisor. Again a survey should be made of the ward content and facilities and a teaching programme worked out jointly by the head nurse and the supervisor. The supervisor will probably give the classroom instruction in medical nursing and she and the head nurse should co-operate in finding ways of correlating teaching and practice.

Some of the means of carrying out this programme for ward teaching are: Assigning patients by a system of gradation. At first the student should care for convalescent patients and gradually take over responsibility for the critically ill. Any other method of assignment is unfair to both patient and student.

By a process of rotation students should be given opportunities to nurse every type of case for the service.

By elimination of non-nursing or non-educational duties. These should be taken over by ward helpers or by supplementary graduate nurse service.

By allowing the student time to give nursing care not as a job to be done but as a patient to be nursed, and as a learning situation from which she may profit.

By arranging for case studies, nursing clinics, ward rounds and other means of stimulating the student's interest and directing and facilitating her learning.

By providing reference material and permitting its use while the students are

on duty in the wards. This is particularly important when case studies are being undertaken.

Developing a democratic relationship that will allow the students to come freely to the supervisor or head nurse for

the assistance they need in their work.

By the use of scientific means of testing new methods of instruction and of judging and evaluating the student's work and the results achieved in the educational programme.

TORONTO HONOURS MISS HARTLEY

ANNIE L. CAMPBELL, Secretary, Toronto Unit, Overseas Nursing Association of Canada.

Miss Hartley, R.R.C., recently retired Matron of Christie Street Hospital and Matron-in-Chief for the Department of Pensions and National Health, was given a civic reception and made recipient of a silver tray and illuminated address by Acting Mayor Robbins, on behalf of the citizens of Toronto, as an expression of appreciation of her twenty-one years of devoted service to the Empire and its soldiers. A large number of Nursing Sisters of No. 4 Canadian General Hospital were present and also Miss Jean Gunn of the Toronto General Hospital. The text of the address follows:

To Annie Hartley, R.R.C.

Greeting:

The Council of the Corporation of the City of Toronto issued this testimonial in grateful appreciation of your twenty-one years of unselfish devotion to the care of invalid soldiers, and in recognition of your faithful and loving service during the past fifteen years as Matron of Christie Street Hospital and also as Matron-in-Chief of the Department of Pensions and National Health.

During your four years of overseas service you gained the enviable reputation of being one of the finest matrons of any hospital in the Imperial or Canadian Service, serving for twenty-two months with great distinction and amazing fortitude as Matron of the two-thousand bed hospital at Salonica which was bombed by the enemy three times a week during the first six months of its establishment.

Your decoration by His Late Majesty King George V with the Royal Red Cross and Bar for valour at Salonica, and the presentation of the most cherished award for nursing, the Florence Nightingale Medal, by the International Red Cross Society at Geneva, as well as having been twice cited in despatches, were

indeed fitting recognition of your invaluable services to the Empire and have marked you out as one worthy of the highest honours in the gift of our country.

May we, therefore, as a token of the esteem and affection in which you are held by all citizens of Toronto and especially by the thousands of returned soldiers scattered throughout Canada, who knew you as their beloved friend, present you with this silver tray, suitably inscribed and also with this testimonial expressive of their feelings towards you.

It is the earnest wish of this Council and the citizens of Toronto that for many years to come, your life may be filled with happiness and with pleasant memories of a great work nobly accomplished; and that now released from the arduous duties as Matron of Christie Street Hospital you may have health and leisure to follow the pursuit of your favourite avocations.

Signed and sealed on behalf of the Corporation of the City of Toronto on this 21st day of September, 1936.

Signed:

S. McBRIDE,

Mayor.

W. D. ROBBINS,

President of Council.

Following the civic reception, the staff of Christie Street Hospital entertained at tea in the Nurses' Residence. On behalf of the nurses and doctors Miss Hartley was presented with \$100.00 in gold by Dr. T. H. Carson with which to select a remembrance of her association with the hospital. Colonel C. D. McMane, District Administrator of the Department of Pensions and National Health expressed appreciation of Miss Hartley's efficiency and loyalty and conveyed to her the good wishes of every member of the staff.

COMING EVENTS

Course For Staff Nurses

The School of Nursing of the University of Toronto, in co-operation with the Department of University Extension, is planning a refresher course for hospital staff nurses. The course will include: A consideration of the topic, The Integration of Health Teaching in the Undergraduate Curriculum: (a) Integration in the field of education; (b) The content of health teaching; (c) Methods in health teaching as applied to the hospital.

This course will be given from November 3 to 12 in the School of Nursing, University of Toronto. Registration for the course will be limited to 50, with allotted enrolment from each hospital. The course will consist of lecture, demonstration, and discussion periods. If sufficient applications are not received within a reasonable time, the course will be withdrawn. Refunds of money paid can be arranged, in case of inability to attend, up to the first day of the course. No credits will be given for this work, nor will any certificate be awarded. The fee will be \$3.00.

N.B.: If the registration indicates the need, repetition of this course will be considered.

This Will Be Fun

Plans have been completed for a Christmas sale and tea to be held under the auspices of the Alumnae Association of the School for Graduate Nurses, McGill University. The sale will be formally opened by the Hon. Senator Cairine Wilson on Friday, November 27, at three o'clock in the afternoon and will be continued through the evening of November 27 and the afternoon and evening of November 28. This event, the fourth in a series in support of the School, will be held in the McGill Students' Union, 690 Sherbrooke Street West, and will be under the joint convenership of Miss Mary Samuel and Miss Catherine M. Ferguson. The ballroom of the McGill Union will provide a beautiful setting for the stalls. The dining room on the first floor will be used as a tea room and Miss Mary Mathewson is the convener of this attraction. The students who are attending the McGill School will assist her, and the waitresses will be student nurses in uniform from all the English schools of nursing in Montreal. Hundreds of nurses and their friends will certainly spend part of their time in this delightful rendezvous. At the stalls will be found a good selection of all kinds of knitted articles, including men's gloves, socks and scarves. There will be found

silk undies, hand-made and hand-embroidered, which are so dear to the hearts of women. Bridge covers and all the accessories for bridge, luncheon sets, tea cloths, supper cloths, first-aid sets, afghans, dolls (some dressed in student nurses' uniform), kitchen aprons, tea towels, pot-holders and toilet articles will be offered in profusion. The "Pantry Shelf" will be in charge of the public health nurses, who, of course, are good judges of home-made jams and pickles. Come and try your luck at "Beano" and visit the fortune-tellers, who will tell you strange things about your future. And before you leave try a dip in the fishpond — wonderful value for ten cents.

Remember the dates! Remember the place! Remember the good cause!

Manitoba Listens In

The Manitoba Department of Health and Welfare is planning a series of radio talks which will extend over the winter months. Judging from the titles these will be entertaining as well as informative. Here are a few chosen at random: *Can you prove you were born?*; *Growing old gracefully*; *Shellshock in everyday life*; *Can you believe your own eyes?* Dramatized versions will be given of episodes in the life of the "Healthwell Family." Time and stations may be found in the newspapers and nurses may also obtain more detailed information from Miss Anna E. Wells, Bureau of Health Education.

A.R.N.P.Q. Activities

Miss E. Frances Upton, executive secretary and registrar of the Association of Registered Nurses of the Province of Quebec, announces that the headquarters of the Association will, after November 15, 1936, be located in Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

The executive committee of the Nursing Education Section (English Group) under the chairmanship of Miss Martha Batson has made tentative plans for its programme during the coming season and it has been decided to arrange a refresher course, on "The Special Senses." The first lecture in the series, dealing with the "Hygiene of the normal vision, eye diseases and their treatment," with special emphasis on prevention, will be given at the general meeting of the section to be held on November 9 and a series of lectures and demonstrations will be continued at a later date.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Constitution and By-Laws

At the request of the Executive Committee of the Canadian Nurses Association, the legislation committee reviewed the Constitution and By-laws of the Association for the purpose of making required revisions, and particularly revision of Article 2 "Objects", so that service to the community should be included. The proposed changes were submitted to the Federated Associations for January 1, 1936, then at the General Meeting the delegates from those Associations gave their approval to the revisions. Except for a rephrasing of Article 2 "Objects", only minor changes have been made. The Objects of the Canadian Nurses Association now are:

1. To promote national unity among nurses of Canada.
2. To elevate the standard of nursing education and practice in order to render the best type of public service.
3. To stimulate in its members an active interest in community welfare.
4. To encourage an attitude of understanding towards the nurses of other countries.

The reprinting of the Constitution and By-laws, which include the by-laws of the three national sections, has been completed and copies have been sent to the federated associations and to members of the Executive Committee. On request, single copies will be mailed to individual members of provincial associations of registered nurses.

International Council of Nurses

The eighth Congress of the International Council of Nurses is to be held in London, England, from July 19 to 24 inclusive, 1937. The International Council of Nurses is a federation of national associations of nurses. At present there are twenty-nine member organizations in

international affiliation. The Council holds a congress every four years. The voting body at a congress is the Grand Council which is comprised of the Board of Directors and four delegates appointed by each national member association. The officers of the Council and the presidents of the national member associations constitute the Board of Directors. The latter body transacts the business of the Council in the interval between meetings of the Grand Council.

The Canadian Nurses Association was received into international affiliation during a congress held in London in July 1909. Since then the Association has been officially represented at each congress of the International Council of Nurses. At the forthcoming International Meeting in 1937 the Canadian Nurses Association will be represented by its full quota of official delegates. This includes the President, Miss Ruby M. Simpson, and the four members appointed at the General Meeting in 1936, who are: Miss Jean I. Gunn; Miss Grace M. Fairley, first vice-president of the Canadian Nurses Association; Miss Margaret Moag, second vice-president of the Canadian Nurses Association; Miss Jean Church, chairman of the national Private Duty Section. Meetings of the Board of Directors and the Grand Council will be held from July 12-17, 1937, in the College of Nursing, London.

The Congress Programme

The Congress programme is being prepared in four sections by the programme committee. Section One deals with nursing education; Section Two with the nursing profession and its organization and administration; Section Three with public health; Section Four with nursing problems. Further detailed information will be published when re-

ceived from the International Council of Nurses. The members of the official delegation from Canada are contributing to the Congress programme.

The Arrangements Committee has reserved the whole capacity of the Central Hall, Westminster, for the meetings of the Congress. The Central Hall is spacious, providing the large and small halls and rooms that will be required during the Congress. There is a large restaurant as well as ample cloakroom accommodation. The Central Hall is close to Westminster Abbey, the Houses of Parliament, St. Thomas's Hospital and historic St. James Park.

As hostess organization to the International Council of Nurses in 1937, the National Council of Nurses of Great Britain is making elaborate plans for the success of the Congress and for the entertainment of visiting nurses from all parts of the world.

Congress Tours

At the General Meeting in 1936, the Canadian Nurses Association decided to organize official tours for members who wish to attend the Congress in London. As the International Council of Nurses had already appointed Messrs. Thos. Cook and Son, Ltd., the official travel agents for the Congress, the Association chose the same agency in Canada to co-operate in making arrangements for Canadian nurses.

The International Council of Nurses has instructed Messrs. Cook that applications from nurses in Canada who wish to enrol as members of the Congress must be authorized by the Canadian Nurses Association. Identification certificates to provide for the required authorization will be supplied by the Association as members enrol for the tours.

A splendid selection of well-located state-rooms in cabin, tourist and third class has been specially secured for the

Canadian Nurses Association. Dates of sailing will allow members to reach London in time to attend the religious services which are being arranged for Sunday morning, July 18.

Itineraries for a number of post-congress tours have been planned by Messrs. Thos. Cook and Son. These are included in an illustrated booklet of information which will be forwarded on request to members of the Association. Post-congress travel will include that in Great Britain, Ireland, the Continent and Scandinavia. The privilege to enrol with the Official Tours party will be extended to friends of members of the Association who may wish to accompany the latter.

It is a foregone conclusion that transatlantic travel will be unusually heavy throughout 1937 and especially during the summer months, therefore, those who wish to take advantage of securing accommodation from reservations allotted to the Canadian Nurses Association should not delay in communicating with the Executive Secretary, Suite 401, 1411 Crescent St., Montreal, Quebec, from whom detailed information can be secured.

International Scholarship

The attention of the members of the Canadian Nurses Association is directed to the announcement of the International Scholarship offered by the Association which appears elsewhere in the *Journal*. It is recalled that at the General Meeting in 1936, the President requested that the members should assume personal responsibility toward drawing the attention of desirable candidates to this opportunity for a year of study as an international student while attending the courses arranged under the auspices of the Florence Nightingale International Foundation.

Correction

By error on the part of the Executive Secretary of the Canadian Nurses Association it was reported in these Notes in

the October number, page 478, that the Association of Registered Nurses of the Province of Quebec awards an annual scholarship to a French-speaking nurse to attend l'Institut Marguerite d'Youville. The scholarship is for attendance at l'Ecole d'Hygiène sociale appliquée in

connection with l'Université de Montréal.

Nightingale Memorial Fund

A contribution of \$5.00 to the Florence Nightingale Memorial Fund has been received from L'Association Vincentine, Sherbrooke, Que., and is hereby gratefully acknowledged.



Book Reviews

MANUAL OF BACTERIOLOGY AND PATHOLOGY FOR NURSES. by Jay G. Roberts, Ph.G., M.D., F.A.C.S., Pomona, California. Seventh edition. Revised. 272 pages with 8 plates. Cloth, \$2.35. London and Philadelphia: Messrs. W. B. Saunders Company, 1936. Canadian Agents: McAlinsh & Co. Limited, Toronto.

This volume deals in a somewhat elementary fashion with certain aspects of bacteriology and pathology.

SURGICAL NURSING, by E. L. Eliason, M.D., Sc.D.; L. Kraeer Ferguson, M.D.; Elizabeth Keller Lewis, R.N. 275 illustrations; 662 pages. Fifth edition. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal. Price, \$3.50.

In preparing the fifth edition of this book the authors have been mindful of the increasing responsibility which is being placed upon nurses in the field of surgery. The first two chapters deal briefly with inflammation and the maintenance of asepsis. Chapter Three lays special stress upon procedures commonly used in surgical nursing and Chapter Four reviews anesthesia and anesthetics. The chapters devoted to a discussion of pre-operative and post-operative care are eminently practical. Operating room technique is dealt with at some length and there is a good chapter on bandaging.

ESSENTIALS OF MEDICINE, by Charles P. Emerson, M.D., and Nellie Gates Brown, R.N. Twelfth edition, revised. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal. Price, \$3.50.

There is a growing tendency toward collaboration between doctors and nurses in the preparation of textbooks and this volume is an excellent example of the wisdom of this method. The authors have succeeded in emphasizing the medical aspects of each disease that demands a definite response in terms of special nursing procedures. The student will thus learn the reasons for doing things and the patient will be nursed intelligently. Much new material has been added in the process of revision.

ESSENTIALS OF A GOOD SCHOOL OF NURSING,

Prepared by the Committee on Standards of the National League of Nursing Education, 50 West 50th St., New York, N.Y. 44 pages and bibliography. Price, 75 cents.

This excellent pamphlet should be closely studied by all who are responsible for teaching and administration in schools of nursing. It gives in simple language, a clear outline of what a school of nursing should be and suggests the standards by which its accomplishment may be measured. Its brevity would recommend it for use by the members of the boards of directors of hospitals; the school of nursing committee might profitably use it as a manual. One of its best features is a comprehensive bibliography. In conjunction with this pamphlet it would also be helpful to examine the *Manual of the Essentials of a Good Hospital Nursing Service*, prepared under the joint direction of the same committee of the League working with the Division on Nursing of the Council of the American Hospital Association. The price is 75 cents.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The annual meeting of the Calgary Association of Graduate (Registered) Nurses was held recently. The biennial elections resulted as follows: President, Miss F. E. C. Reid, of the Red Cross Hospital; first vice-president, Miss O. Zimmerman; second vice-president, Miss L. Altrux; secretary, Miss Ada Young, 923-13th Ave. W.; treasurer, Miss Mary Watt, Anderson Apts. The incoming officers were warmly welcomed by Miss Phyllis Gilbert, the retiring president, and Miss Reid expressed her appreciation of the fine old organization which she has been chosen to lead and promised that serious thought would be given by her to its future. The members were agreed in continuing to plan lectures for the benefit of all nurses in Calgary. A long discussion was held in regard to a local nurses registry, during which the Association went on record as being prepared to organize one whenever the required support was forthcoming. Miss Dowding, an old member, was heartily welcomed on her return after a long absence.

MEDICINE HAT: Miss Rae Fraser (Medicine Hat General Hospital, 1936) is taking a post-graduate course at the Ponoka Mental Hospital. Miss Edna Ransom (Medicine Hat General Hospital, 1935) has been doing postgraduate work at the Royal Jubilee Hospital in Victoria. Miss Alice Allan (Medicine Hat General Hospital) left recently on an extended visit to London, England. Miss Sue Neufeld (Medicine Hat General Hospital, 1935) has taken over her duties as night supervisor of the Medicine Hat General Hospital. Miss Lilius Greene (Royal Victoria Hospital, Montreal, 1925) has taken over her duties as Matron of the Medicine Hat Maternity Hospital.

BRITISH COLUMBIA

VANCOUVER: In the recent examination for Registered Nurse Certificate, held in three centres in British Columbia, 98 candidates wrote full papers; one wrote supplemental. The following results are in order of merit: 1st Class (80% and over)—F. E. Benedict, St. Paul's Hospital, Vancouver; D. A. Oswald, Royal Columbian Hospital, New Westminster; M. S. Toms, Vancouver General Hospital; S. R. Sinclair, St. Paul's Hospital, Vancouver, and E. B. J. Stewart, Vancouver General Hospital, equal; M. Hutchinson; M. C. Finch; Sister Marie Joseph; D. L. Wright; U. F. Fawcett, I. I. Sinclair, equal; M. G. MacKenzie, W. M.

Mordon, equal; M. E. Lightly, P. G. McDiar-mid, equal; P. W. Gray; N. Johnson; S. C. Mewburn, L. M. Minette, equal; B. M. Slater; B. V. Plant; D. M. Baker; S. McDiarmid; I. I. Anderson; K. J. Green; A. M. McDonald. 2nd Class (65% to 80%)—L. M. Hull; M. E. Robinson, L. C. Belecky, equal; K. I. McLean, J. A. Suffield, equal; J. McG. Fraser; E. J. Bradley, H. M. Williams, equal; V. C. Gouthro, W. M. Naven, C. M. Smedley, M. C. Gamon and D. O. Elsey, equal; G. H. Smith; R. P. Stewart; M. R. Merkel; E. M. Andrews; M. E. C. Tunbridge; E. E. Medforth, E. T. Tevine, equal; V. Forrester, G. M. Lindemere, equal; M. Harrington; B. E. Player, D. E. Williams, equal; I. M. A. Tilton; E. Ericson, H. L. Moore, equal; D. G. Cunnings; E. A. Beamish; E. B. Lercher, R. L. McTavish, equal; V. V. Shannon; D. E. Carter, J. Engelhardt, equal; L. E. Campbell, D. M. J. Rawson, H. M. Powrie, equal; S. Campbell, A. J. Gilchrist and L. Powell, equal; C. E. MacArthur; E. Morrison; P. A. Edwards, M. M. B. Ewart, equal; F. E. Manuel; K. F. Morrison; A. M. Bruhn, D. B. Austin, equal; J. I. Johns, E. L. West, equal; J. M. Chapman; K. Mataya; G. C. Gordon; C. J. Ferguson; M. R. Ward; G. H. L. Walton; N. C. Fraser; J. M. McGimpsey; I. A. Sharples; J. Stirling; Mrs. R. Hamilton, I. A. Scott, equal. Pass (60% to 65%)—M. M. Bawden; B. A. Strickland; F. McK. Bailey; K. Duncan; E. L. Stewart; E. Shortreed; E. A. Rankin; C. E. Ramsey, Passed Supplemental—B. Cornwall (1).

VANCOUVER: In order to interest the registered nurses of British Columbia in Dominion Registration, a letter has been sent to all nurses' organizations asking members to study the report of the committee, to offer suggestions and to ask questions. It is hoped to obtain a real contribution from these nurses.

Miss Christine Murray (Royal Victoria Hospital, Montreal) has been appointed instructor at the Royal Jubilee Hospital, Victoria, succeeding Miss W. M. Cook, who has returned to Montreal to accept a position on the teaching staff of the Montreal General Hospital. Miss Murray was the recipient of a scholarship given by the Nightingale Fellowship of St. Thomas's Hospital, London, to the Canadian Nurses Association in order to mark the Silver Jubilee of our national Association which was celebrated in 1934, in Toronto.

Miss Marion Street (Royal Victoria Hospital, Montreal) has been appointed instructor at St. Joseph's Hospital, Victoria. Miss Jean Davidson (Royal Alexandra Hospital, Edmonton) has accepted the position of instructor at Kelowna General Hospital, Kelowna. Miss Olga E. Belecky (St. Paul's Hospital, Vancouver) has succeeded Miss Diederick as instructor at St. Eugene's Hospital, Cranbrook.

MARRIED: Recently, Miss Una E. Lord (Royal Columbian Hospital, New Westminster) to Mr. Howard Calvert.

MARRIED: Recently, Miss Ellen Alexander (St. Eugene's Hospital, Cranbrook) to Mr. J. F. Leighton.

MARRIED: Recently, Miss Margaret Baynes (Vancouver General Hospital) to Dr. Harry Cannon.

MARRIED: Recently, Miss Margaret A. Watson (Vancouver General Hospital) to Dr. W. R. Brewster.

VICTORIA: The opening meeting of the Royal Jubilee Hospital Alumnae Association was held recently and plans were made for the ensuing year. Committees were appointed to plan for the various social functions and enthusiasm again stirred the members. The feature of the meeting was the presentation of the Alumnae Bursary to Miss Agnes McInnes, a graduate of the School of Nursing of the Jubilee Hospital. Since her graduation in 1930 Miss McInnes has done postgraduate work in maternity nursing at Montreal and has spent a year in the children's ward in the Vancouver General Hospital as well as serving as a very successful private duty nurse in Victoria. The best wishes of the Alumnae Association go with Miss McInnes as she leaves for Vancouver to attend the University of British Columbia.

MANITOBA

WINNIPEG GENERAL HOSPITAL: Sixty members of the Alumnae Association of the School of Nursing of the Winnipeg General Hospital were present at a re-union dinner held in Vancouver. Miss Mabel Gray, Assistant Professor of Nursing at the University of British Columbia, was in the chair. A British Columbia branch of the Alumnae Association was formed.

Miss P. Brownell (W.G.H., 1921) has been appointed Registrar of the Manitoba Nurses Central Directory. Miss Myrtle I. Graham (W.G.H., 1925) is now medical supervisor at the Toronto Western Hospital. Miss C. Dawson (W.G.H., 1931) has accepted a position as medical supervisor at the Winnipeg General Hospital.

The class of 1936 has placed a beautiful clock in the reception room of the Nurses' Residence.

NOVEMBER, 1936

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MARRIED: On October 3, 1936, Miss M. Henderson (W.G.H., 1929) to Mr. Wm. Briscoe.

NEW BRUNSWICK

ST. STEPHEN: The annual meeting of the local chapter of the New Brunswick Association of Registered Nurses followed a supper served by the Mary and Martha Club and was attended by twenty-three members and seven guests, members of the graduating class of the School of Nursing of the Chipman Memorial Hospital. The following officers were elected: President, Miss M. McMullen; vice-president, Miss C. M. Boyd; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; entertainment committee, Misses R. Caldwell, G. A. K. Moffat and I. Sherrard; representative to *The Canadian Nurse*, Miss F. M. Cunningham; registry, Misses G. A. K. Moffat, M. McMullen, L. Kaine, R. Madson, N. McCullough and B. Gale. Miss Bertha Dow, who has been professionally engaged in St. Andrews, during the summer, has accompanied her patient to Montreal. Miss Inez Holt of the staff of the Children's Memorial Hospital, Montreal, has returned to her duties after spending her vacation in St. Stephen.

MARRIED: On June 27, 1936, Miss Susan Dalzell (C.M.H., 1926) to Mr. N. L. Pellegrini.

MARRIED: On August 11, 1936, Miss Nita Edgar (C.M.H., 1932) to Mr. James A. Mellick.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Bertha E. Johnson of the Provincial Department of Health has been transferred from Stormont County in the Eastern Ontario Health Unit to the supervisory staff.

Miss Maude Reesor has accepted an outpost position with the Ontario Red Cross. Miss Reesor, who is a graduate of the Mack Training School, St. Catharines, and the University of Toronto Public Health Nursing course has been engaged in special work with Dr. F. F. Tisdall for the past year. Previously she was on the staff of the Niagara Peninsula Sanatorium.

Miss Annie G. Moore, one of Ontario's pioneer school nurses, resigned her position in

Guelph recently. She will be succeeded by Miss Hazel Dennis, who is a graduate of Guelph General Hospital and the University of Western Ontario Public Health Nursing Course.

Miss Christina D. Keith has succeeded Miss Dennis at Haileybury. Miss Keith had her nursing training at Toronto General Hospital and the public health course at the University of Toronto, 1930-31.

Miss Minnie Hackett, a graduate of St. Boniface Hospital and the University of Toronto Public Health Nursing Course, 1936, has accepted the position of public health nurse for the townships of North and South Dumfries and the village of Ayr.

Miss Rolande Blais has resigned her position at Penetanguishene.

DISTRICTS 2 AND 3

BRANTFORD: Miss Helen L. Potts, superintendent, Woodstock General Hospital, attended the American Hospital Association convention held recently in Cleveland. Miss Dora H. Arnold of the staff of the Brantford General Hospital is taking the course for teachers and administrators at the School of Nursing of the University of Toronto. The Brantford General Hospital and the School of Nursing have suffered a great loss in the sudden death of Dr. E. Reginald Secord, who for many years was lecturer in surgery.

MARRIED: On September 19, 1936, Miss Ruby Ferguson (B.G.H., 1931) to Mr. Chas. Black.

MARRIED: On September 11, 1936, Miss Elva Bunn (B.G.H., 1923) to Mr. Thos. A. Hewitt.

MARRIED: Recently, Miss Annie M. Troughton (B.G.H., 1930) to Mr. A. Knowles.

WOODSTOCK: Miss Vida Burns of the nursing staff of the Westover School, Middlebury, Conn., spent a few days with friends. Miss Margaret Grieves, for the past thirteen years with the local Victorian Order, has resigned. Miss Rutherford, of Hamilton, has joined the local Victorian Order staff.

DISTRICT 4

NIAGARA FALLS: On October 3, at the Niagara Falls General Hospital, about one hundred and fifty members of District 4, Regis-



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AT DRUGGISTS AND GROCERS

tered Nurses Association of Ontario, gathered from Hamilton, St. Catharines, Niagara Falls and Welland. Reports of committees were submitted by conveners. Miss Jean Souter reported that a substantial sum had been added to the Permanent Education Fund as the proceeds of a concert held recently. Miss Sheridan and Miss Schiefele gave interesting reports of the Biennial Meeting in Vancouver. The guest speaker was Miss Baker, of London, who gave a very illuminating paper on the private duty nurse and her problems, stressing the importance of organization in that particular group. She reported that in London the eight-hour duty system has proven successful and unemployment among nurses has decreased. Hospital calls have increased sixty per cent during the ten months since the adoption of the system. Tea was served by the members of the Alumnae Association of the School of Nursing of the Niagara Falls General Hospital.

HAMILTON GENERAL HOSPITAL: Miss M. Blackwood, a graduate of the Hospital for Sick Children, Toronto, has been appointed supervisor of the Children's Wing of the H.G.H. Miss Irene Mayall (H.G.H., 1935) has been appointed to the outpatients' department, H.G.H. Miss Mary Langford (H.G.H., 1926) has resigned her position on the staff of the H.G.H., and Miss Edith Bingeman (H.G.H., 1931) has been appointed in her place. Miss Margaret Farmer (H.G.H., 1932) has been appointed as charge nurse in Ward 2, H.G.H. Miss Mary Dymont (H.G.H., 1932) has been appointed to Ward 1 as charge nurse. Miss Ivy Buscombe has been transferred from the staff of Mount Hamilton Hospital to the staff of the H.G.H. Miss Gladys Demoulin has resigned her position as a member of the H.G.H. staff. Miss Monica Nugent (H.G.H., 1930) has been appointed to the staff of the Victorian Order of Nurses in Kit-chener.

MARRIED: Recently, Miss Madge Conachie (H.G.H., 1926) to Mr. Thomas Hay.

MARRIED: On August 13, 1936, Miss Evelyn Teeter (H.G.H., 1927) to Mr. Albert P. Fenton.

MARRIED: On August 20, 1936, Miss Gertrude Derbecker (H.G.H., 1931) to Mr. Clarence Schweitzer.

MARRIED: On September 5, 1936, Miss Reta Powell (H.G.H., 1930) to Mr. Edward Gordon.

MARRIED: On September 22, 1936, Miss Florence Bairstow (H.G.H., 1929) to Mr. Albert E. Duxbury.

MARRIED: Recently, Miss Hilda F. Pugseley (H.G.H., 1930) to Mr. Edward C. Champ.

NOVEMBER, 1936

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Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

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MARRIED: Recently, Miss Catherine E. Wyatt (H.G.H., 1934) to Mr. Charles L. Dunsdon.

MARRIED: Recently, Miss Gretchen Ort (H.G.H., 1933) to Mr. Edward Ettles.

MARRIED: On June 3, 1936, Miss Margaret McAllister (H.G.H., 1932) to Dr. John Kyles.

MARRIED: On September 26, 1936, Miss Evelyn Ross (H.G.H., 1933) to Mr. Douglas Moore.

HAMILTON: ST. JOSEPH'S HOSPITAL: The following marriages took place recently:

MARRIED: On August 31, 1936, Miss Kathleen Dowling (St. J.H., 1930) to Mr. John Beaudain.

MARRIED: On September 5, 1936, Miss Mabel Clifford (St. J.H., 1928) to Mr. Joseph O'Day.

MARRIED: On September 8, 1936, Miss Edith Leith (St. J.H., 1930) to Mr. Paul Maschel.

ST. CATHARINES: The annual meeting of the Mack Training School Alumnae Association was held recently with Miss Nora Nold presiding. The election of officers resulted as follows: Honorary presidents, Miss Hughes, Miss Kelman, Miss Wright; president, Miss Stella Murray; first vice-president, Miss Edith Richardson; second vice-president, Miss Florence McArter; secretary, Mrs. Cameron; treasurer, Miss Agnes Ebbage; social convener, Miss Louise Kattmier; visiting nurse, Miss Nell Hodgins, *The Canadian Nurse* correspondent, Miss Jeannette Hastie; *The Canadian Nurse* representative, Miss Gladys Ridge; programme convener, Miss Helen Brown. Miss Margaret Kelman, a faithful member of our Alumnae Association, was made one of the honorary presidents. Mrs. Cameron expressed the appreciation of the Association to the retiring president, Miss Nora Nold, for her great interest in the work during the past three years.

DISTRICT 5

TORONTO: GRACE HOSPITAL DIVISION: Mrs. Elizabeth Duff (G.H.D., 1920) has accepted the position of night supervisor at the Welland County Hospital. Miss Helen Lane (G.H.D., 1931) has been appointed night supervisor at the Guelph General Hospital. Miss Marian Wylie, who was home recently on leave of

absence from Talara, Peru, has now gone to the Dutch West Indies. This is the seventh national flag under which Miss Wylie has nursed. Recent visitors included Miss Ruth Kenny (G.H.D., 1920) and Mrs. Willhemina Davis (née Jones, G.H.D., 1919), both of Miami, Florida.

MARRIED: Recently, Miss Irene Carpenter (G.H.D., 1933) to Dr. James Miller.

MARRIED: Recently, Miss Arvella Carnegie (G.H.D., 1928) to Mr. Joseph Hancock.

MARRIED: Recently, Miss Nellie Allibon (G.H.D., 1928) to Mr. Joseph Rouse.

MARRIED: Recently, Miss Verna Young (G.H.D., 1927) to Mr. Cecil Carscadden.

TORONTO: ST. MICHAEL'S HOSPITAL: Miss Florence Roach (St.M.H., 1931), who for the past three years has been instructress of nurses at St. Joseph's Hospital, Hamilton, has accepted a similar position at St. Boniface Hospital, St. Boniface, Man.

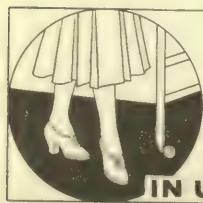
MARRIED: Recently, Miss Katherine McAuliffe (St.M.H.) to Mr. J. C. McAlpine.

MARRIED: Recently, Miss Irene Martin (St. M.H.) to Mr. E. McLelland, B.A.

MARRIED: Recently, Miss Jean Davidson (St. M.H.) of the St. Elizabeth Nursing Staff, Toronto, to Dr. M. O'Connor.

DISTRICT 7

BROCKVILLE: The quarterly and regular meeting of District 7, R.N.A.O., was held on September 12, 1936, in the nurses' residence of the Ontario Hospital, Brockville. Miss Bliss, superintendent of the Chambers Memorial Hospital, Smiths Falls, presided. His Worship Mayor Comstock welcomed the delegates and Dr. C. S. Tennant, Superintendent of the Ontario Hospital, spoke briefly on nursing conditions as they exist today. In concluding his message of welcome, he extended an invitation to the delegates to visit the hospital. At the morning session Miss Amy Church, of Smiths Falls, gave an excellent paper on "What the Registered Nurses Association means to me, as one of the oldest registered nurses in the District." At the afternoon session Miss Jean Church, of Ottawa, who is chairman of the national Private Duty Section and also of the provincial private duty section, gave an interesting outline of the private duty



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section meeting in Vancouver, including in her address "The report of the committee on functions and standards in private duty nursing." Donald E. Lewis, K.C., gave an address on the important subject of "Some aspects of the Law as it would affect the Nursing Profession," dealing with such subjects as wills, witness, contract of service, deferred payment and investment. At the conclusion of the meeting the delegates were invited to the spacious living room where the nursing staff of the Hospital were hostesses at the tea hour. Miss Baillie, Superintendent of Nurses, Kingston General Hospital, moved an appreciative vote of thanks to all who assisted in making the meeting such a success. Miss Baillie extended an invitation to hold the January meeting at the Kingston General Hospital; this invitation was unanimously accepted.

KINGSTON: The following marriages have taken place recently:

MARRIED: On August 22, 1936, Miss Ethel Derry (K.G.H., 1932) to Mr. Stanley B. Stewart.

MARRIED: On September 28, 1936, Miss Doris Johnston (K.G.H., 1935) to Mr. Arthur Bayne.

MARRIED: On September 5, 1936, Miss Myra Belle Woodruff (K.G.H., 1931) to Mr. George Caldwell.

MARRIED: On August 26, 1936, Miss Mos-salene Burt (K.G.H., 1931) to Mr. Gordon Black.

MARRIED: On August 18, 1936, Miss Sarah Clark (K.G.H., 1933) to Mr. F. Gardiner.

SMITHS FALLS: The graduating exercises of the School of Nursing of the Chambers Memorial Hospital were held recently. Mr. Henniger addressed the class and Miss Bliss, superintendent of nurses, administered the Florence Nightingale Pledge. The general proficiency prize, donated annually by the Medical Association of Smiths Falls, was presented to Miss A. Campbell by Dr. H. H. Kerfoot. The following officers of the Nurses Alumnae of Chambers Memorial Hospital have been elected for the coming year: Honorary president, Miss M. F. Bliss; honorary vice-president, Miss Margaret Clark; president, Mrs. Grant Gray; vice-president, Mrs. Arthur McCaw; secretary-treasurer, Miss Grace Gore; *Committees:* social, Mrs. Heber Johnston, Mrs. Wm. Lee-son, Miss Mabel Hart, Mrs. Harry Scott, Miss Anna Campbell; *flower*, Miss Margaret Finley, Mrs. Alfred Weston, Miss Gerlena Whiten.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: Miss Bee McKerracher (O.C.H., 1931) has been appointed to the staff of the Ottawa Civic Hospital as Ward Instructor. Miss McKerracher has spent most

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of her time since graduation in postgraduate work, having taken a course in orthopedic surgery at the Shriner's Hospital, Montreal, in 1932. She also took a course in mental nursing and hygiene at the Ontario Hospital, Whitby, in 1933, and the public health course at the School of Nursing of the University of Toronto in 1934-35. Miss McKerracher should be well qualified to fill this position.

Miss Alison Dickison of the staff of the Ottawa Civic Hospital is absent on extended leave and is spending some months abroad.

OTTAWA GENERAL HOSPITAL: The Ottawa General Hospital Alumnae Association held its first meeting of the season on October 3. Miss Clark gave an interesting report of the Biennial Meeting held in Vancouver. Miss Rose Idele Pilon (O.G.H.) has enrolled in the Public Health Course at the University of Montreal.

MARRIED: On June 20, 1936, Miss Margaret Munroe (O.G.H., 1928) to Dr. Sylvester Grimes.

OTTAWA: Miss Elizabeth Smellie recently entertained the Ottawa Unit of the Overseas Nursing Association at the Chelsea Club on the occasion of their final meeting for the year. The annual dinner will be held on November 11 at the Chelsea Club.

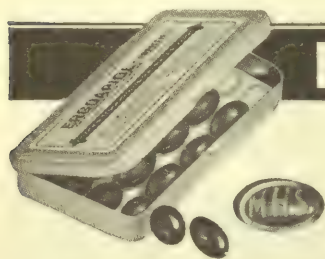
Miss Mary Maguire entertained the Ottawa Unit of the Overseas Nursing Association at the Tecumseh Golf Club in honour of Miss Della Macgregor, retiring superintendent of the Ottawa District Victorian Order of Nurses. Miss Macgregor was the recipient of a handsome umbrella from members of the Unit.

DISTRICT 9

NORTH BAY: The annual meeting of District 9, Registered Nurses Association of Ontario, was held recently at St. Joseph's Hospital, North Bay. Delegates from Sault Ste. Marie, Sudbury, Gravenhurst, Timmins, New Liskeard and North Bay were present. Miss E.

Elizabeth Smith, of New Liskeard, presided as chairman and chose for the subject of her address "Signs of Progress." Miss Robena Buchanan, of Gravenhurst, the secretary-treasurer of the district, presented a most encouraging report which showed that the district continues to make marked progress. The activities of the various Chapters of the district were presented by Miss Kathleen MacKenzie, Miss Mae Bugera, Miss Rossie Densmore, Miss Sylvia Howard, Miss Kruger and Miss Ethel Shannon. The conveners of the special committee reported as follows: membership, Miss Jane Smith, Gravenhurst; public health, Miss Robena Buchanan. The guest speaker was Miss Margaret Jamieson, of Brantford, who delivered a most inspiring address dealing with the development of nursing education through the centuries. At the banquet which took place in the evening, Mr. W. J. Neale, of North Bay, gave a most interesting address in which he summarized the political ideals expressed in "Fascism, Naziism and Communism." Among the out-of-town delegates were Miss Lillian Goatbe and Miss Alice McGregor, of Sault Ste. Marie; Rev. Sister St. Philip, Rev. Sister Oliver and Miss Jane Thomas, of Sudbury. All those who have held office for the past year were re-elected, viz.: Miss H. Elizabeth Smith, of New Liskeard, chairman; Miss Jane Smith, of Gravenhurst, vice-chairman, and Miss Robena Buchanan, of Gravenhurst, secretary-treasurer. Miss Helen Jordan was elected chairman of the nominating committee, and Timmins was named as the place of meeting for 1937.

The councillors for the coming year are: Miss Elizabeth Gordon, Sault Ste. Marie; Miss Florence Farr, Timmins; Miss Alice Quinlin, North Bay; Miss Jane Thomas, Sudbury; Mrs. Joyce Stevens, New Liskeard; Miss Sylvia Howard, Gravenhurst. The conveners of the various committees are: *private duty*, Miss



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QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL: Miss Dora Parry, assistant superintendent of nurses, has returned from a two months' holiday spent in England.

MARRIED: On September 19, 1936, Miss Jean Argue (C.M.H., 1930) to Mr. Harold E. Buck.

MARRIED: Recently, Miss Florence Atkinson (C.M.H., 1930) to Mr. Philip Griffin.

MARRIED: Recently, Miss Priscilla Benning (C.M.H., 1934) to Mr. Miller Peart.

MARRIED: Recently, Miss Mary Gill (C.M.H., 1933) to Mr. Max Schneyder.

MONTREAL GENERAL HOSPITAL: The following M.G.H. graduates have received scholarships for a year's work in the School for Graduate Nurses of McGill University: Miss Catherine P. Small, 1926; Miss Winnifred E. King, 1930; Miss B. Elizabeth Steele, 1932; Miss Ethel Grindley, 1935. Miss Bernice Underhill (M.G.H., 1932) has been appointed to the staff of the Western Division as an assistant to the night supervisor.

MARRIED: On August 12, 1936, Miss Edith Marshall (M.G.H., 1932) to Dr. Arnold B. Rilance.

MARRIED: On August 29, 1936, Miss Isabel Maude McMann (M.G.H., 1927) to Dr. John D. Hope.

MARRIED: On September 5, 1936, Miss Mary Isobel Ross (M.G.H., 1934) to Mr. James L. Stewart.

ROYAL VICTORIA HOSPITAL, MONTREAL: At the October meeting of the Alumnae Association, the speaker of the evening was Dr. C. F. Martin, who gave an interesting lecture on "Magic Medicine." During September we were pleased to have Miss Scrimgeour, from Australia, with us for a short visit. Miss Katherine MacLennan has returned to the Royal Victoria Hospital staff. Miss G. L. Yeats, Miss J. Riley and Miss T. McKenzie are attending the School for Graduate Nurses at McGill University.

QUEBEC: The Jeffery Hale's Hospital Alumnae Association recently held a reception in honour of Mrs. Barrow, former superintendent of the Hospital, and Miss Imrie, former superintendent of the Cameron Maternity, to which old friends, doctors, the Governors and their wives were invited. In the absence of the

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president of the Association, Miss Young presented large framed photographs of Mrs. Barrow and Miss Imrie to the Governors of the Hospital, in memory of their untiring and devoted service. Dr. Delaney, superintendent of the Hospital, speaking on behalf of the Governors, expressed appreciation of the graceful act of the Association in giving these portraits of two highly valued members. Miss Armour, superintendent of nurses, also expressed her appreciation. Mrs. Barrow and Miss Imrie were presented with corsage bouquets and both returned thanks for the honour extended to them.

Mrs. MacGowan (Miss Weatherbie, J.H.H., 1929) and Miss Fryers (J.H.H., 1932) recently visited old friends and classmates. Miss N. Martin (J.H.H., 1929), supervisor of the Cameron Maternity, has resigned and has been replaced temporarily by Miss Christie (J.H.H., 1936). Miss Woolley (J.H.H., 1935), supervisor of the O.S.P., has been replaced by Miss Rand (J.H.H., 1936).

THREE RIVERS: At a recent meeting of L'Association des Gardes-Malades Graduées de l'Hôpital Saint-Joseph, Trois Rivières, the executive committee was appointed as follows: Mesdemoiselles Gilberte Gauthier, president; Anna Laurendeau, vice-president; Antoinette Landry, treasurer; Gilberte Boisvert, secretary. Councillors: Mesdemoiselles Emma Rondeau, Gabrielle Aubry, Alice Cloutier.

SASKATCHEWAN

REGINA: The Regina branch of the Saskatchewan Registered Nurses Association held a meeting on October 1, at the Regina General Hospital, with a good representation. Miss

Iris Prior's resignation as president, having been accepted, Miss M. MacRae, acting president, presided. Miss Prior has accepted a position on the Moose Mountain Indian Reserve, near Carlyle, Sask. Instructive and entertaining reports were given by the delegates to the Biennial Meeting held in Vancouver. Miss Helen Wills gave an excellent report on the evening sessions and spoke enthusiastically about the manner in which the various entertainments were provided for the visiting delegates. Miss Margaret MacRae's report was of the afternoon sessions and was of great interest as she gave a short synopsis of the addresses given. Miss Ruby Simpson gave a concise and clear report of the business sessions. A special meeting of the private duty section is to be called to study and discuss an eight-hour day for special nurses in hospitals only. Copies of the report of the Committee on Functions and Standards in Private Duty Nursing are being distributed for study and discussion at a later date.

Miss Ada M. Hubbell has assumed her new duties as School of Nursing adviser and registrar, and has moved into a new office at 1761 Scarth St., Regina, Sask.

MARRIED: On March 7, 1936, Miss Grace Barber (R.G.H., 1932) to Mr. Robert Devorell.

MARRIED: On September 5, 1936, Miss Marion Hastings (W.G.H., 1929) to Rev. Frederick P. Clark.

SASKATOON CITY HOSPITAL: **MARRIED:** On October 9, 1936, Miss Laura Ida Walker (S.C.H., 1926) to Mr. John Stephenson.

OBITUARY

ASHTON—On July 6, 1936, the death occurred of Margaret Galey, wife of Dr. F. B. Ashton, Highland Park, Michigan, U.S.A.

BAITZ—On October 6, 1936, at her home in Union City, New Jersey, U.S.A., the death occurred of Mrs. Charles Baitz (Audrey Wilson), a member of the class of 1927 of the School of Nursing of the Ottawa Civic Hospital.

JOHNSON—On August 20, 1936, the death occurred in the Winnipeg General Hospital of Aurora Johnson, a member of the class of 1933 of the School of Nursing of the Winnipeg General Hospital.

RYAN—On August 15, 1936, the death occurred of Muriel Ryan, a member of the class of 1932 of the School of Nursing of the Ottawa General Hospital.

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Willis, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Miss L. Altrux; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; *to The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V.

B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; *to Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners*: *Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Conveners*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Bldg., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt, *Executive*, Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners*: *Press*, Miss H. Paterson; *Visiting*, Miss Whale; *Programme*, Mrs. Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Refreshment*, Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Conveners*, *Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealy; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibbertson; Second Vice-Pres., Mrs. J. H. Russell;

Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners*: *Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative for the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners*: *Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners*: *Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. M. Ross, 200 Garfield St.; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss Julia Moody, 99 George St.; Assistant Editor, Miss Helen Miller, Winnipeg General Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel; Second Vice-President, Miss M. Fillmore; Treasurer; Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss E. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-Pres., Sister M. Consolata; Pres., Mrs. J. Salmon; First Vice-Pres., Miss M. Kearns; Sec. Vice-Pres., Mrs. F. Driscoll; Sec.-Treas., Miss M. Donovan, 113 Harvey St.; Corr. Sec., Miss M. Doyle, 92 Cross St.; *Executive*: Misses J. Ross, L. O'Neil, E. Wright, Mrs. C. Jackson; *Representative District 1, R.N.A.O.*, Miss L. Pettypiece; to *The Canadian Nurse*, Miss Y. Chauvin.

A.A., Collingwood General and Marine Hospital, Collingwood

Hon. President, Mrs. S. A. Price; President, Mrs. R. Allen; First Vice-Pres., Miss J. Hunt; Sec. Vice-Pres., Mrs. W. A. Switzer; Sec., Miss S. D. Johnston, Collingwood General and Marine Hospital; Treas., Miss B. M. Anderson; *Committee Conveners*: *Social*, Miss K. Hanley; *Visiting and Flower*, Miss F. McIntyre, Mrs. G. Jefferies. Meeting, first Tuesday of the month, 8 p.m.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

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A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital, Kingston

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A.A., Ross Memorial Hospital, Lindsay

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A.A., St. Joseph's Hospital, London

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Margaret DeCou; Second Vice-President, Miss Claire Gadin; Recording Secretary, Miss Margaret Myers; Corresponding Secretary, Miss Berneice Farr, 883 Adelaide St.; Treasurer, Miss Katharine Kelleher; *Representatives to Registry Board: Misses Cecile Slattery, Madeline Baker; Press Representative, Miss Stella Gignac.*

A.A., Victoria Hospital, London

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A.A., Niagara Falls General Hospital, Niagara Falls

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

Hon. Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents, Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss H. Boake; Corr. Sec., Miss G. McHattie, 95 Penetang St.; *Board of Directors: Miss S. Duden-hoffer, Miss M. MacLelland, Mrs. Kirkpatrick.*

A.A., Oshawa General Hospital, Oshawa

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A.A., Lady Stanley Institute (Incorporated 1918), Ottawa

Hon. President, Miss M. A. Catton; Hon. Vice-President, Miss F. Potts; President, Miss M. C. Slinn; Vice-President, Miss M. McNeice; Secretary, Mrs. A. E. Mahood; Treasurer, Mrs. N. M. Halkett, 595 Gilmour St.; *Board of Directors: Misses E. McColl, S. McQuade, L. Bedford and M. M. Stewart; Committee Convener: Flower, Miss C. Stewart; Press, Mrs. W. E. Elmitt; Representative to The Canadian Nurse, Miss A. Ebbs.*

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss D. Moxley, 28 Woodlawn Ave.; First Vice-Pres., Miss M. Downey; Second Vice-Pres., Miss L. Barry; Rec. Sec., Miss E. Fletcher; Corr. Sec., Miss M. Morgan, 275 Powell Ave.; Treas., Miss L. Alkenbrach; *Councillors: Misses I. Kemp, B. Graydon, M. Tanner, M. Cameron, M. Carter; Committee Convener: Flower, Miss D. Johnstone; Visiting, Miss B. Barrow; Press, Miss G. Moloney, 301 First Ave.; Representatives: to Central Registry, Misses D. Moxley, L. Boyle, A. Crooks, R. Alexander, E. Fletcher.*

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sister Mary Alban; President; Miss G. Clarke; First Vice-Pres., Miss M. Munro. Second Vice-Pres., Miss Mary Larose; Sec.-Treas., Miss Hazel Brennan, 120 Third Avenue, Ottawa; Membership Secretary, Miss Irene Rogers; *Visiting Committee: Misses J. Robert, S. Kearns, P. Bissonnette, B. Legris; Councillors: Rev. Sr. Flavie Domitille, Misses F. Nevins, E. Dorsormaux, G. Bailey, J. Robert, J. McElroy; Representatives to Central Registry, Miss M. Donnelly, Miss M. Landreville; to The Canadian Nurse, Miss B. Legris.*

A.A., St. Luke's Hospital, Ottawa

Hon. President, Miss E. Maxwell; President, Mrs. Swardfeger; Vice-Pres., Miss N. Lewis; Treas., Miss D. Brown, 346 Waverley St.; Sec., Miss I. Johnston, 91 Cameron Ave.; *Committee Convener: Nominating: Misses M. Heron, S. Carmichael, E. Young; Flower, Misses J. Lovering, I. Allen; Programme, Misses N. Lewis, P. Watt; Auditors, Misses E. McIlraith, M. Moore; Representatives: to Central Registry, Misses S. Clark, G. Woods; to The Canadian Nurse, Miss M. Drummond, Ottawa Civic Hospital.*

A.A., Owen Sound General and Marine Hospital, Owen Sound

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A.A., Nicholls Hospital, Peterborough

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss E. Walsh; Secretary, Miss F. Vickers, 738 George St.; Treasurer, Miss B. Smith, 472 Sherbrooke St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

A.A., St. Joseph's Hospital, Port Arthur

Hon. President, Rev. Mother Dymrna; Hon. Vice-President, Rev. Sister Melanie; President, Mrs. H. Chase; First Vice-Pres., Mrs. E. Galvin; Second Vice-Pres., Miss V. Belluz; Corr. Sec., Miss I. Morrison, 345 Archibald St. N., Fort William; Secretary-Treasurer, Miss V. Rantanen.

A.A., Sarnia General Hospital, Sarnia

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No. 12

TUBERCULOSIS AMONG NURSES

R. G. FERGUSON, M.D., Director of Medical Services and General Superintendent,
Saskatchewan Anti-Tuberculosis League.

Although the tuberculosis death rate among the people of Canada is only half of what it was twenty years ago, and although in some areas the number of new cases is now decreasing, the number of pupil nurses breaking down with tuberculosis shows no sign of abating. This situation was brought to the attention of hospital authorities most forcibly by Stewart and Ross of Manitoba in 1930. They found that in Manitoba during a period of four years about six per cent of pupil nurses became sanatorium patients directly from their training schools, or within a year after leaving them.

Incidence

Following this publication we have kept records of the number of nurses-in-training in Saskatchewan hospitals and the number admitted for treatment each year under the Anti-Tuberculosis League. It is possible that a few cases have developed who have not been admitted to the League, but under a system of free treatment this number is perhaps negligible. Our study shows that during the four-year period 1930-1933 the average incidence of admissions among nurses-in-training was 12.7 per thousand per year; during the years 1934 and 1935 it was 8.9 per thousand; the incidence for the period 1930-1935 inclusive was 11.47 per thousand. This incidence was five and a half times that in the general female

population in the age group 20-24 years; and seven times that found among young adult Normal School pupils.

During 1934 there were 8,306 school teachers employed in Saskatchewan. From this number the incidence of admissions to sanatoria in 1934 was less than one per thousand — 0.84 — or one-tenth that among nurses-in-training. A good deal of study has been given to the cause of this relatively high incidence of breakdown in pupil nurses in comparison with teachers, and it should be helpful in presenting the problem to review the factors briefly.

Nurses and Teachers

The two groups, nurses and teachers, trained in the same province, from the same cities, towns and rural districts, and frequently from the same families, have a great many things in common. The young women entering the two professions have excellent physique, but judging from appearances I would concede a slight advantage to the nurses. The educational requirements are now about equal.

As regards possible evidence of tuberculosis, the nurses are more carefully selected. Most of them are required to have radiographs of the lungs before they are accepted on probation, and a bad family history would greatly prejudice their acceptance. The Normal School students, on the other hand, are accepted on a certificate of good health, without

An address delivered at the General Meeting of the Canadian Nurses Association, July 3, 1936.

radiographs, and irrespective of family history.

As regards working quarters, the nurses probably have the advantage as the hospitals are better ventilated and are more uniformly heated. As far as off-duty living and lodging quarters are concerned the nurses, with the excellent homes now provided, again have the advantage. The food of the nurses affords better quality and more variety. However, it is prepared in institutions, usually under the supervision of a dietitian, instead of in homes. The slightly better average nourishment of the nurses would incline me to give the dietary advantages to the nurses. Nurses work longer hours, but perhaps have less mental worry and nervous tension than teachers. Nurses' hours of rest are regulated, as well as their hours of work.

Analysis of these factors leads me to say that nurses have a slightly better physique, a slightly better record of family resistance, and that factors calculated to maintain non-specific resistance are more favourable. It will be generally conceded, too, that nurses get a more thorough training in general health measures; a very special training in sanitary technique, calculated to protect them against infection; and much better routine health supervision. Their defects are promptly corrected, and they have the best medical and surgical consultation without cost.

Teachers are sent out among the healthy population and immediately strike an incidence of tuberculosis morbidity about the average for the population in the same age group. Pupil nurses are occupied caring for the sick, and quickly strike an average incidence of tuberculosis morbidity five and a half times higher than the maximum female incidence in the most susceptible age group of their sex.

Exposure

At the age of entering hospitals, ac-

cording to our information for this age group in Saskatchewan, the majority — 75 per cent — have had measles, 53 per cent have had pertussis, and all are vaccinated against smallpox, typhoid and diphtheria. Epidemics of influenza, colds, sinus infection and sore throat do periodically attack nurses, but pneumonia is rather uncommon in this age group. The one infection few have had prior to acceptance is tuberculosis. In Saskatchewan at the present time only about 22 per cent in the age group 20-24 years have a positive tuberculin indicating infection. Fifteen years ago a study made of this same age group showed 75 per cent infected, as indicated by the tuberculin test. A considerable proportion would have come from families where there had been a case of tuberculosis. In this respect the condition of the potential host has markedly changed in the past fifteen years.

The hospital where nurses are trained is an institution for the sick and diseased; a gathering place for infectious diseases, including tuberculosis. It is true that there are not as many tuberculous cases in general hospitals today as there were fifteen years ago. Great numbers of the tuberculous sick have been segregated in sanatoria. Still there are many patients who spend a period of observation in the hospital before coming to the sanatorium.

There are also unidentified tuberculous cases who come to the general hospitals for treatment of intercurrent diseases, for surgical treatment, etc., and who are discharged with the chronic disease undiagnosed. There is still tuberculosis among the hospital's sick. Repeated tuberculin tests show that soon after nurses enter training many become infected with tuberculosis, and after three years the majority are infected.

Not only are the hospital patients less infectious than they were twenty years ago, but the hospitals are now better equipped to carry out infectious tech-

nique. They have better floors; better hand-washing facilities; better sterilizing facilities; better laundries; and some, but by no means all, sterilize their dishes. In conformity with progress in nursing education, there is now better instruction in personal sanitary technique. The hospital as a working place, and the nurses' residence as a home, have been immensely improved.

The age on entering, as shown in the Regina General Hospital records, is practically the same as it was fifteen years ago, being 20.87 years in 1921 compared with 20.11 years in 1936. An analysis of the physique of a group of nurses admitted to the Fort Qu'Appelle Sanatorium showed them to be average. They were also a group who took average care of their health, both on and off duty.

Better Conditions

To summarize the pros and cons, we find that nurses working in hospitals today, compared with twenty years ago:

Have better buildings in which to work and live.

Have better facilities for carrying out infectious technique.

Receive better training in personal sanitary technique.

Are exposed to less infectious tuberculous patients during training.

Have less tuberculosis disease themselves, and less than one-third the tuberculosis infection on entering the hospital.

Have a higher standard of physique and a better education on entering.

Work shorter hours than previously, but the complaint among ten nurses who had broken down with tuberculosis was that in many hospitals there is still overwork due to long hours, and altogether too many classes during off-duty rest periods.

Have better and more varied diet, usually supervised by dietitians, but it lacks the tastiness of the home cooking these girls are accustomed to. Many complain of insufficient time to eat their meals.

Have better health supervision during training, but there is still evidence of lack of prompt relief in case of illness, and too short a period of convalescence after serious illnesses.

In a word, the nurses of today (a) are exposed to less infection during training; (b) have a higher non-specific resistance, according to facilities provided; (c) have superior armour of technique for avoiding infection.

And Yet . . .

These advantages appear to be entirely counterbalanced by other factors, some of which are: (a) Nurses now have less tuberculosis infection on entering hospitals, consequently a larger proportion become infected for the first time during training; (b) there has been less elimination by sickness and disease prior to training; (c) nurses have less proven specific resistance to tuberculosis on entering.

Altogether, it would seem that the applicants today are much more susceptible to tuberculosis; so much more so that this factor has counter balanced all other important preventive factors. The result is that this profession has become a difficult tuberculosis problem on account of the relatively high incidence among its members.

The Remedy

As regards factors affecting non-specific resistance, the most insistent suggestion is further reduction in the hours of work, and less interference by lecturers with hours off duty. The urgency of the situation would seem to necessitate that the day be reduced to eight hours, in order to remove any debilitating influence attributable to overwork. This responsibility rests upon the boards of management of hospitals in as much as it is largely a matter of first cost.

We have conceded that tuberculosis is an infectious disease, but we have not reacted accordingly. Tuberculosis has been surrounded by only a semi-infectious technique, as compared with measles

or scarlet fever. As time approaches when nearly all probationers are susceptible to tuberculosis only a full infectious technique will be adequate. With the present status of technique, infection increases progressively after entrance.

Our failure to prevent tuberculosis infection in hospitals suggest that there be: (a) earlier and better instruction in sanitary technique; (b) better and more convenient facilities for hand washing; (c) complete sterilization of dishes; (d) more prompt identification of spreaders among hospital patients.

Knowing that without infectious patients in the hospital there would probably be few breakdowns among nurses, we must concentrate on the source of infection. An effort should be made to identify infected patients entering the hospital wards. In fairness to nurses, they should be known in order that the greatest precautions can be taken in their care. Routine examination of the sputa of all coughers entering the hospitals should assist in this regard, and a greater use of tuberculin and radiographs in undiagnosed cases would probably be of equal importance.

There should be an advance in the entry age. It should now be pointed out most forcibly that the pupil nurses are being selected from the most susceptible age group in the community. It is known to all tuberculosis workers that the female age group between 20-24 years have an incidence of breakdown from tuberculosis approximately double that found among males of the same age group and also double that found among females

ten years older. Probably one of the simplest suggestions would be to increase the entry age to twenty-five years, which would have the same effect as increasing resistance.

A Word of Warning

Are we depending too much on the barrier of infectious technique in the case of these newly initiated nurses? The attainment of a high degree of perfection in infectious technique requires time and a great deal of practice. It may appear to be an admission of weakness on the part of hospitals that they cannot protect their uninfected nurses-in-training from tuberculosis. The difficulty arises from the fact that the nurse may be exposed in many cases early in her training, and before a protective technique can be acquired. In this respect the nurses-in-training in general hospitals differ widely from nurses who are taken on the staff of acute infectious hospitals after they have had one or two years' training in general hospitals. Semi-infectious technique has failed to protect student nurses against tuberculosis. Full infectious technique in the general wards of general hospitals does not exist, except in a few isolated cases.

Heimbeck, in Oslo, through an experience with nurses entering Oslo Municipal Hospital for training, found that the majority of breakdowns occurred in nurses who gave a negative reaction on entering. This would indicate that the measure of resistance, associated with a positive reaction gave a degree of protection to persons who were practising a sanitary technique.

INCLUDING PUBLIC HEALTH NURSING

On the afternoon of October 30, 1936, the West Hall of University College presented a dignified setting for the first graduation exercises of the University of Toronto School of Nursing. The President of the University, Dr. H. J. Cody, awarded to six graduates of the new three-year course diplomas which carry the double qualification: "in general nursing, *including public health nursing.*" At the same time certificates were presented to fifty-one graduate students who had

laide M. Plumptre, representing the Ontario Red Cross Society, and Dr. H. T. Kerr of Pittsburg, each of whom extended greetings to the School and its graduates.

Before presenting to Dr. Cody those about to graduate, Miss Russell reported on the progress of the School from the time of its inception to the present. Commenting on the fact that one class had completed the circle of the new training, Miss Russell said:



completed one-year courses during the past academic year, and diplomas to seven who formed the last class to study public health nursing under the old four-year arrangement.

On the platform with the President of the University and Miss E. Kathleen Russell, Director of the School, were: Miss Mary Beard, Associate Director of the International Health Division of the Rockefeller Foundation, who addressed the graduating class; Dr. B. T. McGhie, Deputy Minister of Health of the Province of Ontario; Dr. Robert Defries, representing the School of Hygiene of the University of Toronto; Alderman Ade-

Our past as a teaching unit in the University of Toronto goes further back than three years. From a small teaching department which was established in 1920, through the generosity of the Ontario Red Cross, the growth has been continuous now for sixteen years. In that time more than six hundred nurses have passed through these halls. Most of these have taken the one-year courses, either in public health nursing or in preparation for hospital staff work; the remainder have been enrolled in the four-year training that was worked out through the generous co-operation of the Toronto General Hospital and others. Now that four-year arrangement has been developed into the new three-year course, while the original one-year programmes have been continued.

Attempting to answer some of the questions levelled at the School through-

out the past three years, in particular, *Are you asking for yet more education for nurses?* Miss Russell stated emphatically that this was not the case. *It is not more education that we seek, but more appropriate education, so that content and arrangement and environment will yield the utmost for the student during her years in the nursing school. Our claim upon the University lies solely in the logic of making use of existing facilities which are needed for preparing the nurse, if she is to have the true dignity that accrues to a worker who is well prepared, and able, thus, to give satisfying service.*

After outlining the work of the School as threefold in nature — first, to give preparation for public health nursing; second, to see if one general training course in nursing can prepare at one and the same time for both hospital and public health nursing work; third, to give post-graduate courses to nurses already trained in hospital schools—Miss Russell spoke with appreciation of the useful part played by graduates of the past in the life of the province, more than three hundred of whom are working in Ontario, either in the public health field or in hospitals.

To the members of the graduating class Miss Beard addressed a message distinguished by rare beauty of diction and permeated throughout by much of her

own mellow philosophy. Reminding them that although the School represented new things in the preparation of the nurse, the profession they were entering was not new, Miss Beard spoke to the graduates of the satisfactions, opportunities and responsibilities of that profession. Two things needful for realization of the deepest satisfactions in nursing were, character, strengthened and developed by meeting adequately the responsibilities of life; and experience, which they were now on the threshold of acquiring:

It has been demonstrated that life may be of small value, but of great dignity. If the nurse can carry that conviction into every family and to the bedside of every patient she cares for, she can never fall short of realizing the deepest satisfaction the profession can afford. And added to that conviction of the dignity of life must come the knowledge that none can work alone, that only by joining every effort closely to those of our fellowmen can creative work ever be accomplished.

The names of the students graduating from the three-year course are: Rosella Cunningham, Cobourg; Mary Haslam, Toronto; Jean Leask, B.A., Moose Jaw; Mary Thom, B.A., Regina; Marion Plaunt, Sudbury; Nora Yeo, Toronto. Following the graduation exercises a reception was held in their honour at the School of Nursing which brought to a happy conclusion the ceremonies which marked this historic occasion in the annals of nursing education.

COMING EVENTS

A general meeting of District 5, Registered Nurses Association of Ontario, will be held at Toronto Western Hospital, on December 3, 1936. At the afternoon session Miss Norena Mackenzie will speak on the "Curriculum Study." Miss Mackenzie was until recently a member of the teaching staff of the School for Nurses of the Montreal General Hospital and

was closely associated with the work of the Central Curriculum Committee. She has recently been appointed to the teaching staff of the School of Nursing of the Hospital for Sick Children, Toronto. Short Section meetings will be held before supper in the Solarium. The speaker at the supper meeting will discuss international affairs.

THE EDITOR'S DESK

A Serious Menace

During the past five years several careful studies have been made of the incidence of tuberculosis among student nurses. At the Biennial Meeting of the Canadian Nurses Association a thoughtful and closely reasoned study of the situation was presented by Dr. R. G. Ferguson, director of medical services and general superintendent of the Saskatchewan Anti-Tuberculosis League. Dr. Ferguson's findings appear as the leading article of this issue of the *Journal*. He is far from being an alarmist and his competence to warn and advise us is beyond question. He tells us that the incidence of tuberculosis among student nurses is five and one-half times higher than that of the maximum female incidence in the most susceptible age group of their sex. Something is radically wrong.

The Canadian Hospital Council published, in 1935, a valuable booklet entitled "Tuberculosis in the Nursing Profession" which bears out the facts presented by Dr. Ferguson. This should be carefully studied by all who are associated with hospital administration and especially by members of boards of directors. In an early issue the *Journal* will present a discussion of Dr. Ferguson's searching and valuable diagnosis.

The Retort Courteous

In the November issue of the *Journal*, under the caption of "Let us try to understand," we challenged some of the statements made by Dr. Basil MacLean in his provocative article, "Nurses — what next?". We had expected a sharp reply—but here is Dr. MacLean's amiable response to our mild protest:

I cannot emphasize too much my appreciation of your fairness in commenting on "Nurses — what next?" for in some quarters there has seemed to be a misinterpretation of my attempted use of humour to season the article. Unfortunately the last paragraph was cut and I am taking the liberty of enclosing a

reprint with the last few lines as they should have appeared. No doubt the ending seemed rather abrupt and I did want it clear that I was making a plea for steadiness, common sense and moderation.

Responsibility for condensing Dr. MacLean's concluding paragraph lies with the publication in which his article first appeared and not with this *Journal*. The original wording follows:

Hospitals do not wish to exploit nurses. Moreover, hospitals recognize the potentialities of political pressure by organized groups and realize the dangers and implications of the present situation. They also are sympathetic to the desire of nurses to fit themselves better for the work of nursing. The plea which is made is merely the age-old one, for moderation. The sick must and will be cared for. There is a limit, however, to the financial burden which can be borne by the public and the hospitals which are owned by the public. The nursing army must have generals and other ranking officers. There must also be nursing soldiers, however, and a shortage is feared in the front line trenches. It would be well, therefore, to remember that in the end this problem is largely an economic one and to reflect that the happiness of future relationships between nurses and hospitals depends largely on the amount of common sense which seasons now their actions and ours.

We now present the comments of Mr. C. R. Chenoweth, superintendent of the Royal Victoria Hospital, Montreal, and president of the Canadian Hospital Council:

I have read with interest your observations in the November issue of *The Canadian Nurse* under the heading of "Let us try to understand."

It seems to me this caption in itself has much significance for us all. It has been said that: "Contention for principle is a virtue, providing always that the virtue of the principle is not lost in the fervency of the contention." There seems to be a lot of fervency these days. The world is much troubled by leftists and rightists, the extremes, and between the two is the ideal, the middle course which is the symbol of sane and logical thinking — moderation in all things. Possibly in the melting process we will ultimately arrive at a better understanding. In the meantime, as you have said, we must try and understand each other.

The attitude taken by Dr. MacLean and Mr. Chenoweth is similar to that which was displayed by Dr. A. K. Haywood in the fine address which he delivered at the Biennial Meeting. Shorn (alas!) by the author, of much of the de-

lightful humour of the original, we present "Nurses and Nursing" as evidence of goodwill on the part of hospital administrators towards the profession of nursing. But we regret that we allowed Dr. Haywood to do his own editing!

Correspondence

The Duty of Happiness

I do not remember having read in any nursing journal such a forceful and arresting statement as that made by Miss Julia A. Moody of Winnipeg in a letter published in the October number of *The Canadian Nurse*.

She has, I believe, put her finger on the festering spot. Nurses, as a group, on this continent are not happy looking; they are, as Miss Moody says, much more frequently bored and cynical looking. She is also right in saying that the public is not dissatisfied with modern nursing technique which is assuredly much more efficient than ever before. Nevertheless, the public is not entirely satisfied with nurses. Miss Moody thinks that the cost of nursing service is not an element of this dissatisfaction; I cannot agree with her there, nor would I dare to go so far as she does in the matter of the "hard look." But we must come back to the main point of Miss Moody's letter — the apparent lack of happiness evident in nurses as a group.

Perhaps we are not a happy people generally in Canada in this first half of the twentieth century. Certainly we are not endowed with racial gaiety or light-heartedness, nor have we the smooth and beautiful manners which go a long way towards covering up the inner discontent of the individual. Nevertheless, in the not so far remote pioneering days, there was a zest in life which left no place for boredom or cynicism, and a spirit of neighbourliness which is a very good foundation for pleasant manners.

It may have been because the mothers of the present generation of nurses were pioneers in the new field of professional nursing, that they had radiant faces, or it may have been as Miss Moody thinks, that they drew their in-

spiration from deep spiritual sources. In any case, they had a quality which is a *sine qua non* for those who have to deal with sick people and with children.

We have been stressing education and economic betterment for nurses in the last two decades, and we must continue to do both these things. That task is not nearly completed. But we must also try to remove the cause of the dissatisfaction of the public with our profession. It is too widespread to ignore. Towards that end, we must try to attract young women with healthy physique, well-trained minds, good manners, and with a deep purpose in life. Perhaps that old-fashioned and almost discarded word "vocation" might come into use under a modern name. Then, there should be the utmost care taken in order to banish the "disillusionment" process during the period of training. Finally, those of us who make up the profession should search our own hearts to see if they are "empty." We owe the duty of happy faces to those who are on the threshold.

JEAN E. BROWNE, Toronto.

Miss Moody is Challenged

Having read with interest the letter from Miss Julia A. Moody, entitled, "A New Commandment" which appeared in the October number of *The Canadian Nurse*, I pondered for some time upon the observations which the writer made concerning the attitude of an increasingly large number of younger graduate nurses towards their profession. It is indeed sad to behold the disillusioned student nurse, the unsympathetic and sometimes discourteous staff nurse, as well as those other nurses in whose faces one seldom sees a gleam of kind-

ness or good humour. To these unhappy members of our profession I think we should extend our sympathy, and in so far as it lies within our respective fields attempt to eradicate contributing causes which might affect future student nurses.

The outlook and state of mind of these various discontented nurses seems to give some indication that, in some cases at least, an unwise choice of profession was made in the beginning. In other cases it would appear as though the training school and hospital staff had some responsibility in the matter. In the institutions in which these nurses work, either as graduates or students, one may find among staff members, one or more nurses who cannot guide others effectively because they themselves are not well adjusted and lack an understanding of people. Immaturity of outlook, as well as lack of recreation to maintain mental and physical health will result, undoubtedly, in lack of enthusiasm towards one's work.

I believe that if we look fairly and squarely at the nursing world as a whole, we must recognize the fact that in our own profession, as in any other walk of life, we have dissatisfied, unsuited or unhappy members, but in all fairness, I feel we must also admit that this is a comparatively small group. The younger nurses belong to the post-war generation, and it is this group in particular, which has found it especially difficult to adjust itself sanely and happily to rapidly changing conditions in a chaotic world. It has been difficult for many individuals to preserve a right perspective and sense of values.

I speak now as a fairly recent graduate. I completed my training in a general hospital not quite three years ago. Among my own classmates and the other undergraduate students, I had the pleasure and privilege of working with many girls who were happy in their work and loved nursing. I have reason to believe that I am speaking truthfully when I say that the majority still cherish many happy memories of days in training as well as hard work, and that we have feelings of loyalty to, and affection for, our training school and hospital at the present time.

If one looks upon graduating from a training school as a final achievement in the nursing world, that is one thing, but if one looks upon the three years spent there as time used in laying a firm and true foundation for future service, then the younger graduates who have found since graduation that this foundation was of a high order, can and do appreciate their training schools to-day. In the field of nursing, as elsewhere, is it not true that we get out of our work largely what we put into it?

It has been suggested that the nurse to-day does not stand high in public esteem. I am happy to say that in my limited experience I have had the opportunity of coming in contact with different classes of society which receive various nursing services. I have found that in general, the attitude on the part of the patient and the family towards the nurse in the home, the clinic or the discussion group is one that would indicate confidence in, and respect for, the individual nurse, as well as for the hospital or organization which she represents. Further, I am of the opinion that members of the medical profession, social workers, and a number of educationalists feel, as they work with us, that in general, we are striving honestly as individuals and a group, to meet more adequately the needs of the community as a whole.

Concerning the standard of nursing slipping back in some sections rather than forging ahead, I would ask the question: "Is it really the standard that is being lowered, or does it simply mean that a number of nurses, who are not at all keen about their work, have fallen down on the job generally?" I consider that when one sees young graduates gladly taking any work as it comes to them for a year or two in order that they may save enough money to take further postgraduate courses at universities for one year at least, or others definitely planning several years' study along with their work, interest is not lacking in raising the standard of nursing. While in some places, undoubtedly, attendance at public meetings is poor, that is, we are glad to say, not the condition which exists everywhere, for in many places, nurses, both old and young, meet in large numbers for the purpose of furthering their education, after a full day's work.

Finally, I would like to pay tribute to those nurses, both old and young, who through depression times have faced anxiety and sometimes distress, with courage and a fine spirit worthy of the ideal nurse. It is surely good for us to see our faults, and to be dissatisfied, providing we are prepared to struggle on towards the best we know. The spirit of Florence Nightingale is still alive to-day!

ANN PEVERLEY, Montreal, Que.

News From Korea

Fifteen foreign (English, Canadian, American) and about thirty-five nurses gathered in Seoul recently for the annual meeting of the Nurses Association of Korea. Such matters as the standardization of nurses' salaries, the curriculum and entrance of non-(Government) registered training schools, the printing and

publishing of textbooks for nurses, and the possibility of sending a delegate to the meeting of the International Council of Nurses, to be held in London, England, next year, were among the questions discussed. Reports of work were read by representatives of thirteen Mission Hospitals, and from various public health and school nurses, showing that the nurses of Korea are doing much preventive work, but showing also how much remains to be done.

A the last meeting of the International Council of Nurses the Nurses Association of Korea was admitted into membership, but only as a branch of the Nurses' Association of the Japanese Empire. We are hoping to send our vice-president, Miss Chungai Lee, as our delegate to the meeting of the I.C.N. next year. We are not positive that we shall be able to do so, as the delegate will have to be sponsored by the N.A.J.E., but we are hoping that she will meet with their approval, and in the meantime are going ahead with our plans for raising funds to send her.

An evening was set apart to celebrate Florence Nightingale's birthday. The celebration took the form of a play, presented by the student nurses of Severance Hospital, founded on

fact, but assisted by a very lively imagination. The first act showed us a scene in the Nightingale home in England with Florence's sister getting ready to go to a ball, and trying to persuade Florence to accompany her. A little later a young man appears and adds his persuasions, but Florence refuses and declines his offer of marriage, declaring herself to be dedicated to the cause of humanity. The second act took us to Kaiserswerth, where Mrs. Fleidner was at work training six probationers. A letter arrives from Florence Nightingale followed shortly by Florence herself. She decides to spend some time in the training school, studying and observing. In the third act she appears as the traditional "Lady of the Lamp", in the army hospital at Scutari, but we also got a glimpse of the opposition and persecution which were her lot, and which she suffered gladly for the sake of the suffering and friendless.

ADA SANDELL,
Canadian Mission Hospital,
Ham Heung, Korea.

(Editor's Note: Miss Sandell is a graduate (1922) of the School of Nursing of the Lamont Hospital, Lamont, Alta.)

OFF TO ENGLAND

One of the most active and interested readers of the *Journal* is Miss Annie Colquhoun, a member of the class of 1892 of the School for Nurses of the Montreal General Hospital. In a recent letter she tells us that she is going



to spend the winter in Paignton, Devonshire, England, with her classmate, Miss Cooper. Miss Colquhoun says that she would very much like to have attended the Biennial Meeting in Vancouver and refers to the second annual convention of the Canadian Society of Superintendents of Training Schools which was held in Ottawa in 1908 with Miss Snively presiding. Miss Colquhoun attended as one of the delegates who represented the Canadian Nurses Association of Montreal, and Miss Lillian Phillips shared honours with her. Miss Colquhoun has loaned us the Proceedings of that historic occasion and very interesting reading they are. Mr. John Ross Robertson, who will be remembered as the enlightened president of a Board of Directors of the Hospital for Sick Children in Toronto, gave an excellent address. He described the abominable housing conditions which prevailed in some hospitals at that time—five student nurses in one room and night nurses sleeping in the day nurses' beds. Well—the world do move.

Department of Nursing Education

NURSES AND NURSING

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital, Vancouver, B.C.

There was a time, many years ago, when such a title as this would have seemed to me a golden opportunity to take the nursing profession to task, or to air many so-called grievances against the heads of our training schools, but that was when I was impetuous and beginning the study of hospital administration. At that time I was willing to pit my enthusiasm against the knowledge of training school directresses who were exceedingly wise in their particular profession, and may I at this time pay my tribute to some of those with whom I have been associated and for whom I have the happiest recollections, and to whom I consider myself greatly indebted, namely Miss Snively, Miss Lawler, Miss Alice Stewart, Miss Robina Stewart, Miss Gunn, Miss Livingstone, Miss Young, Miss Holt, and last but with deepest admiration, my present partner in time of trouble, Miss Fairley.

Hospital administration of today is an entirely different problem than twenty-five years ago, as I first knew it. Since that time our hospitals have been compelled to undergo many radical changes. I refer in particular to questions of policy and finance, and in each of these broad principles the training school has a very definite relationship to the administration.

Hospital management is to a great extent patterned after modern business administration. The careless happy-go-lucky methods of conducting charitable institutions in the past have given way to modern methods. By departmentalization we have allocated definite authority to responsible heads, and not the least important, if not the most important, is the training school. The successful adminis-

trator will take his departmental heads into his or her confidence, share with them his successes or troubles and earnestly try to understand theirs, and by this understanding carry his full share of the load.

Modern hospital administration has added very materially to the problems of the training school. Take, for example, the amount of clerical work of a purely business nature that has been placed upon it, and from the training school head finally down to the student nurse tactful consideration of the difficulties and inconveniences that this will entail will go a long way to secure this co-operation. Training school heads are, as a body, reasonable people, and can be shown whereby these improved business methods are both necessary and of great benefit to the hospital.

The policy of not letting your right hand know what the left hand is doing has been tried in hospital administration and has failed miserably. If the matron of your training school is to be expected to instill into the nurses the spirit of co-operation so essential between the various departments of a hospital, it is necessary that she be as well informed as possible of the problems of those other departments. This has been amply proven by the assistance rendered by the nursing department in the stringent economies we have all had to practice during the last six years.

Of late years, under the leadership of the nursing profession, hospitals are realizing more and more that their responsibility is to provide adequate nursing care to all patients regardless of their ability to pay for it. By adequate nursing care is meant the amount of care essential

An address delivered at the Biennial Meeting of the Canadian Nurses Association, July 3, 1936.

to provide for the well-being and recovery of the patient, both mental and physical. This has led to the formation of countless committees and study groups, arguments, pro and con, for student nursing versus graduates, ratio of nurses to patients, employment of ward assistants, the eight-hour day, and countless other subjects that we could elaborate on for hours. But the danger mark is reached when we place more work upon the shoulders of the nurses than they are capable of doing. To quote from "Clinical education in nursing": "A fact to be faced by hospital and nursing administrators is the impossibility of doing two hours of work in one hour of time and maintaining good standards."

As the nursing personnel of any hospital, large or small, is greater than all the other groups put together, it is natural that the developments and improvements, as well as the weaknesses, reflect on this department, and to carry this further it would be correct to say that the strength or weakness of the nursing department reflects directly on the hospital.

That valuable manual, published this year by the American Hospital Association and the National League of Nursing Education, "The essentials of good hospital nursing service", starts out by stating: "Good nursing is a prime requisite of a good hospital." May I make it clear that I am thinking in terms of the small hospitals as well as the large, for I realize that many of those present are not only nurse administrators but hospital administrators also, and how can we draw any hard and fast lines between hospital responsibilities and nursing?

Reference has and will be made many times to the problem of the nurse, but what of the administration? As a result of the many advances that have been made in scientific medicine during the past few years, the demands of the public on the hospital and the nursing

profession have multiplied many times. Every bit of new scientific equipment brings with it some measure of responsibility for the protection of the patient; for example: the oxygen tent; Elliott diathermy apparatus, quartz lamps, collection of specimens for advanced laboratory examinations, deep X-ray therapy, the increase in the use of intravenous solutions. These all mean that in the final analysis the nurse takes on added duties, which means an increase in nursing personnel and expert training of this personnel, to say nothing of cost of upkeep of this new equipment. In this regard it will be wise to refer again to the ratio of nurses to patients for, if nurses are doing these added duties, unless the staff is augmented, actual bedside nursing must be neglected. To carry this last point to its logical conclusion, we must eliminate in this ratio nurses on duty in the outpatient department, surgical supply room, operating room, and teaching department. When this is done our critics, who are inclined to state from improperly prepared statistics that our ratio is 1—2 or less, often find that the ratio is 1—6 or more.

You have been discussing in the past few days, and have been studying for several years, the question of revising your curriculum. Why? Because I presume you feel that the product of your schools is not altogether meeting demands. Do you think that these changes can be put into effect without influencing the administration department? I venture to say no. Take the student of today. The modern trend of educational systems for boys and girls is in self-expression, individuality, freedom of action, and yet from that group you are asked to mould young women for a profession that must always be that of service. The problems of the director of nursing in this modern age, I imagine, are not far removed from that of a dean of a college or university as

far as inculcating ethical standards and moderation is concerned. But if the Arts student goes off the deep end who suffers? He or she does. Not so with the nurse. She does too, but so also does her profession and her patient.

May I say a few words about the head nurse? It is with a great deal of joy that I see the position of head nurse being dignified as the key position of a hospital, and I hope it will not be long until the salaries for head nurses are such that they will tempt the best type of women and also retain their services. We would need fewer supervisors if we could develop more experienced head nurses. After all she is the constant teacher, and represents the spirit of the hospital to the patient, the public and the doctor. I am sure there are many here who remember, as I do, the time when a student nurse spent her final year as head nurse in the ward of the chief surgeon or physician because of his influence with the head of the training school, regardless of the loss of instruction in other departments to the nurse so imposed upon.

So far, I have not referred to the ever-present problem of finance—the administrator's nightmare and the taxpayers' slogan. Taxpayers' associations are interested in lowering taxes and will seldom worry about the problems of any profession or trade unless that group makes its needs definitely known. The hospital should evolve its salary policies in accordance with a long-range plan. While the forces of supply and demand will have an important part in the determination of what is paid, policies should be such as to obtain and retain a superior staff.

Can you imagine anything more trying than the lot of the nurse, during the past few years, who has helped to put nursing on its rightful pedestal and has seen teaching equipment and buildings growing more and more shabby for want of money, and who has been teaching

methods she knows cannot be put into effect for want of adequate equipment. The bath tub still takes the place of the bed pan sterilizer in many hospitals. The utility room is attempting to carry out modern methods of treatment with the space and equipment of twenty-five years ago. Screens are used by the nurses instead of Sandow's developer and are considered part of their uniforms when on duty!

I referred a few minutes ago to the manual on the "Essentials of good hospital nursing service", and while I am conscious that all nursing is not carried out in hospitals, for the present at least the majority of the teaching and preparation is done there. I cannot do better than refer you to this excellent treatise, and could not wish for anything better than to form ourselves into a round table and discuss it in detail, and, for fear I may be thought egotistical, as my name appears on the committee, may I say that I played a very small part in it, but never have I been more proud to see my name attached to a manual that is of real value to those struggling with this problem. For instance, it courageously and yet conservatively shows the ratio of nurses required to give good nursing care, but to meet this will give an awful jolt to the average payroll. But why have we been struggling so long to keep payrolls as low as the year before, when we all realize that we must march forward—nothing, I say, but tradition. The boards of directors of our hospitals are intelligent men, giving freely of their talents, but at all times open to the criticism of high salaries and an overbalanced payroll. The director of the training school and the superintendent have to bear the brunt of this. We cannot expect a lay board to see eye to eye with us, but we would be very remiss in our duty to our hospital, our community and our school if we did not, even in the face of criticism of ourselves,

strive to reach at least the average, or better, in the march of progress of our schools of nursing and in the interest of the patient. Does the average lay member of our boards realize that, to treat a case of gonococcic infection in the eye of a child, it takes three graduate nurses for each twenty-four hours, and that even with a charity case where it is a matter of life or death, special nurses must be employed, even though the payroll does get a jolt. These same board members would be the first to take the administration to task were their hospital to be constantly criticized for the lack of these humane and necessary services.

What has been thought to be the result of our recent hard times has culminated in a series of suits against hospitals and public institutions on the slightest provocation. A fall out of bed, a supposed hot water bottle burn, an imaginary longer stay in hospital, and a host of other grievances have been the *raison d'être* of plenty of grief for the hospital administrator. Competent records on the part of the nurses have been the deciding factor in many cases. We all know of the patient who leaves his false teeth in a paper handkerchief before going to the operating room, and when he returns, the bedside table has been cleared and lo! the poor teeth are gone, or the wedding ring from the corpse that money cannot replace, or the moth-eaten suit of clothes that originally cost \$25.00 and is now worth \$50.00 because of its attraction for moths. One could enumerate a dozen or more reasons for actions against hospitals of late, and in far too many instances the root of the evil is the nurse, who should, in the majority of cases, have protected herself and the hospital by an adequate written record.

I have often pondered over the last twenty-five years as to whether our nursing departments, or rather, I should say, our individual nurses and doctors realize to what extent the hospital's reputation

is in their hands. I remember once a patient, with quinsy, being admitted at noon. He was seated on a chair beside his bed and sat there for an hour while the other patients' lunches were being served. I am sure that none of the nurses on that ward had ever had quinsy. He wasn't asked for his impression of the hospital on being discharged, but the memory of that first day must have made an impression on him. The treatment of visitors, who, if relatives, are naturally concerned about the condition of a loved one, a considerate reply to a telephone inquiry, are only a few of the many examples of how the individual nurse can assist in enhancing the hospital's reputation for service, and may I say that exactly the same reasons and arguments hold good for the private duty and the public health nurse.

After more than twenty-five years of experience, I cannot be persuaded that it is necessary or consistent to awaken the patients at the early hour that is usually the custom, and to begin the work of the day almost two hours earlier than it is begun in the average household. It would appear that night commences when the blinds are pulled down—day commences when the night nurses have finished their midnight meal. Old patients sleep in the day time because it is quieter.

I have said nothing about an adequate health service that should be provided, or the more recent pressing problem of tuberculosis among nurses, as I understand that Dr. Ferguson is dealing with that angle of the administrator's problem. Also, I realize that my limitation of time has prevented me from discussing many other problems common to nurses, nursing and administration. I am grateful for your indulgence and if our generation does nothing more than blaze the trail for good nursing, which is not at the expense of the nervous energy, the social life and the physical endurance of those who are giving it, we will have made a contribution that will go down in history.

CANADIANS TRAVEL TO CAPE TOWN

CLAIRE HISCOCK, Montreal General Hospital, Montreal.

After three months of nursing in Cape Town, South Africa, I feel I would like to tell Canadian nurses something about it. Before starting, however, I wish to thank Miss Browne of Toronto, and our superintendent of nurses, Miss M. K. Holt, through whose efforts this exchange has been made possible. Our trip out was a very pleasant one. We sailed from Saint John, New Brunswick, on the S.S. Calumet on March 31, and were the only two passengers on board. When we embarked the weather was typical of early spring in the Maritime Provinces. There was a cold, cold tang in the air. Within five days, however, we had changed from winter clothes into light summer frocks. The temperature then rose steadily until we reached the tropics, where we were compelled to wear sun helmets, even though the sun was not actually shining. Although Father Neptune was very kind to us, we eagerly awaited our first sight of Africa, and April 14 found two nurses on the upper deck with binoculars upheld and eyes turned towards their destination. I shall always remember that evening. It was very warm and damp and a sort of heavy mist hung over everything. Before we had even sighted land there was a strange aroma of vegetation and moist soil in the air. We drank it in like a rare and costly perfume.

It was rather amusing to see everyone on board ship inhaling deeply and enquiring as to whether the person next to them also smelt the earth. That night we anchored outside Sierra Leone, British West Africa, and the following morning at daybreak our ship was surrounded by natives in canoes. They simply swarmed over the decks—some in search of



THE NEW SOMERSET HOSPITAL

employment as stokers or cargo men, and others selling their wares. They do the most exquisite leather work I have ever seen, belts, slippers, bags, etc., all woven into the most intricate designs, out of small pieces of coloured leather.

After the sun had set we went ashore in one of the Company's boats and were thrilled to set foot on land again. We drove through the town in an open car and saw real native life for the first time. The streets were thronged with coloured women clothed in gay green, red, and yellow materials, which they wrapped around their waists and allowed to hang just below the knee. Their chests were bare except for the strap which fastened the picanninies onto their backs. The children for the most part were devoid of clothing. The graceful carriage of the women was particularly striking. They balanced heavy baskets of produce on their heads with ease, stopping periodically to make another purchase without removing the burden from their heads.

The white population, which is very small, consists chiefly of government officials. They live in what is called the European Compound where no native other than a servant is allowed to enter.

Another fourteen days at sea brought us to Cape Town, described by Sir Francis Drake as the "fairest of all Capes," as indeed it is. The New Somerset Hospital, to which I was sent on arrival, resembles an old feudal castle, with its tall, rounded turrets and numerous balconies. The front wards command a wonderful view of range upon range of blue mountains known as the Blaauwberg, long, white sand dunes and the changeful sea—blue as a



THE NURSES' HOME

mermaid's eyes, green as jade, and grey as the cold Scottish mist. At twilight a soft purple haze wraps them in mystery, which caused me to ask the reason for their colour, and I was told that it was a constituent of the soil acted upon by the sun.

The proximity of the docks is an added interest. Each day brings something new. The fine tracings of rigging are replaced by bright smokestacks and solid masts, and warehouses and sheds stare stolidly at the activity with unwinking eye. Tugs bustle in and out, cranes are moved, trawlers and fishing smacks trail away, and liners and freighters ply their traffic endlessly and tirelessly, bringing new faces and often carrying away familiar ones.

The other side of the main building overlooks the Sisters' and student nurses' residences, the houseman's cottage and the medical superintendent's home. In the background

is the famous Table Mountain with Cape Town nestled at its feet. The wards are divided into European and coloured, and coloured people are not even allowed to visit a European ward. Visitors of all colours and nationalities troop along the corridors on visiting days, laden with flowers, fruit and paper packets. The babel of their various tongues affords great interest to one from our part of the world.

It is to be hoped that wider opportunities will be opened up for our nurses to take advantage of the exchange, and so enable them to enjoy the privileges we have experienced.

(EDITOR'S NOTE: Miss Hiscock is a member of the nursing staff of the Montreal General Hospital. Under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association she is serving on the staff of the New Somerset Hospital, Cape Town.)

NORTHERN ONTARIO STEPS OUT

The first regional conference of Public Health Nurses in District Nine, Registered Nurses Association of Ontario, was held on Oct. 17 at Kirkland Lake (Teck Township), four hundred miles north of Toronto. District Nine comprises the geographical districts of Algoma, Sudbury, Manitoulin Island, Nipissing, Parry Sound, Muskoka, Temiskaming and Cochrane. With the exception of four, all the nurses doing public health work in the region served by the Temiskaming and Northern Ontario Railway were present, and represented the Victorian Order of Nurses, the Provincial Board of Health, School Board and Red Cross services. The group included graduates of the courses in Public Health Nursing at the Universities of McGill, Toronto and Western Ontario.

The conference began with a luncheon served at the Windsor Hotel and continued at the Ladies' Parlor of the United Church. The district chairman, Miss H. Elizabeth Smith, presided. In her remarks on tuberculosis nursing Miss Florence Farr emphasized the rehabilitation of the post-sanatorium case and described some efforts at case finding through tuberculin testing and X-raying elementary and high school children. Miss Rita Brooks, speaking on infant and pre-school hygiene, stressed the need for continuity of health supervision and the importance of teaching parents in the basic principles of healthful living. Miss Fran-

ces Docker, in discussing the place of bedside care in a public health nursing programme, said that the line between bedside and educational work has been too sharply drawn and she pointed to the family as the unit of service and showed how bedside care and health teaching may advance together. The health of the nurse was mentioned as a primary factor. Miss Katherine MacKenzie spoke on generalized public health nursing and called attention to the fact that the public meant *all* the people. Points emphasized were: adequate staff, proper relationships, programme to include all age groups, mental health and records. General discussion followed each paper. Mrs. B. Fox, assistant superintendent of the Teck Township Children's Aid Society, described her work and offered suggestions for closer co-operation with the public health nursing group. Greetings were extended by Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health, who led the discussion.

In closing the meeting Miss Smith thanked the nurses for coming and contributing to the programme and made reference to the importance of such a gathering in the development of public health nursing in a district removed from centres of teaching. Announcement was made of the appointment of Miss Helena Wilson, by the Hydro Electric Power Commission of Ontario, as public health nurse at Fraser-



dale, 550 miles north of Toronto. Miss Elizabeth MacEachren, superintendent of the Kirkland District Hospital, entertained the group at tea.

Those attending the conference were: Mrs. Ethel North, Cochrane, Misses Rita Brooks, Juliette Richer, Florence Farr, Luella Wing

and Gwendolyn Fowler of Timmins; Hazel Atkinson, Rose Roy, Ellen Linton, Mary Kidd and Sylvia Battersby of Kirkland Lake; Elizabeth Smith of New Liskeard; Christina Keith of Haileybury; Katherine MacKenzie, Frances Docker and Marie-Alice Cloutier of North Bay and Florence Sparling of Callander.

ONTARIO'S EDUCATION FUND

At the general meeting of the Registered Nurses Association of Ontario in 1930, the Committee on Scholarships presented a recommendation: "that the Registered Nurses Association of Ontario work towards a special Permanent Education Fund and that a special committee be appointed to undertake this work. Furthermore, that the general meeting discuss the possibility of the members being taxed a small sum annually for a period of five years as a nucleus for such a fund." The members, in general session, approved of the proposal and method suggested, and a resolution was passed that an Education Fund be established.

A special committee, known as the Permanent Education Fund Committee, was appointed by the Board of Directors. The goal aimed for was that the sum of \$10,000.00 would be

raised within a period of five years as a nucleus of a Permanent Education Fund. The plan of creating the nucleus of this fund, as adopted, was that each member of the Registered Nurses Association of Ontario should be taxed the sum of one dollar per year for five years, or that the total sum of \$5.00 be made in one payment. The quota for each year was based on the membership for the previous year, and sub-committees, who were responsible for the planning and the actual work of collecting the funds, were appointed in the nine district associations.

The five-year period is now over. Due to economic conditions the fund was raised by group effort as well as by individual taxation, and many times the possibility of reaching the goal was doubtful. Nevertheless, in spite of adverse circumstances, the goal originally set

has been practically reached and before the end of 1936 it is felt that the nurses will have accomplished their objective.

In 1930, no definite policy as to the administration of this fund was adopted, the consideration of this was to be left until the expiration of the five-year period. At this year's general meeting it was decided to follow a certain procedure for a three years' experimental period, namely:

Loans are to be granted and one thousand dollars is the maximum to be drawn from the funds each year.

Loans are to be free of interest for three years, after which the portion of the loan remaining unpaid is to be subject to interest at current loan rates.

Loans are to be made only for postgraduate work and to nurses who are members of the Registered Nurses Association of Ontario and who have held membership in the Association prior to January 1, 1936.

All loans are to be considered confidential.

The policy adopted this year is to be care-

fully studied and the future policy covering the Permanent Education Fund is to be considered at the Annual Meeting in 1939. To administer this Fund two committees have been appointed, the Administrative and the Trust Fund. Loans will be available by January, 1937. During the coming year it is anticipated that four loans of approximately two hundred and fifty dollars or less will be granted for postgraduate work. Application forms may be procured from: Miss Matilda E. Fitzgerald, secretary-treasurer, R.N.A.O., 3 Willcocks St., Toronto.

It is felt this fund will assist in meeting a very real need among nurses in Ontario, and it is hoped that the availability of loans from their own professional organization will stimulate the members of the Registered Nurses Association of Ontario to accept opportunities to take postgraduate work. The Association feels that this is only a beginning and its members recognize that, from the standpoint of enrichment, a permanent education fund has real possibilities.

APPOINTMENTS

Miss Ursula Whitehead, Reg. N., a graduate of the Social Service course given at the University of British Columbia who, for the past two months has been taking field work in Eastern Canada and the United States, assumed her duties on October 1 as social service worker of the Division of Venereal Disease Control. Her headquarters will also be at the Provincial Board of Health Dispensary, Vancouver. Miss Whitehead is a graduate of the School of Nursing of the Vancouver General Hospital and was formerly a member of its teaching staff.

Miss Pearl Brownell has been appointed as registrar of the Manitoba Nurses Central Directory. Miss Brownell is a graduate of the School of Nursing of the Winnipeg General Hospital, and has a fine record of successful practice as a private duty nurse. Before assuming her new duties she visited and studied a number of registries in Canada and the United States.

Miss Grace Fitch (Regina General Hospital, 1934), winner of the Governor-General's med-

al award at the School for Graduate Nurses, McGill University last spring, has been appointed to the staff of the Regina General Hospital.

Miss Aubra Cleaver, graduate of the School of Nursing of the Toronto General Hospital and the Toronto Psychiatric Hospital, has been appointed supervisor of the Psychiatric Department of the Regina General Hospital. Miss Cleaver completed the one-year postgraduate course in teaching and supervision in the School of Nursing of the University of Toronto and has also had experience in out-post hospitals of the Canadian Red Cross Society.

Miss Catherine Clibborn, formerly a member of the teaching staff of the Vancouver General Hospital, has accepted a position as instructor in the School of Nursing of the Medicine Hat General Hospital.

Miss Gertrude Hall has been granted leave of absence for one year from the Department of Health and Public Welfare of the Province of Manitoba in order that she may make a survey of schools of nursing in that province.

Department of Private Duty Nursing

NURSING CARE OF DIABETIC PATIENTS

GERALDINE WEBSTER, B.A., B.Sc.N., Reg. N., Supervisor, Division of Metabolism, Victoria Hospital, London, Ont.

Many patients object to the injections of insulin but if the matter is clearly and frankly put before them and they thoroughly understand the situation, one rarely encounters a patient who refuses to co-operate. Especially should they understand that to start the use of insulin does not necessarily mean that it must inevitably be continued. Once a patient has discovered that the taking of insulin is not a heavy trial and that it makes his life safer and more comfortable, there will remain no question in his mind as to its advantages. Everyone requires insulin, and if a person cannot manufacture what he needs in his own pancreas, he is fortunate if he can secure it by purchase or gift.

The chief reason for avoiding insulin treatment is its inconvenience. It is a mistake for patients to think that by taking insulin they can avoid a strict or weighed diet. The need for an accurate diet actually is increased by insulin. In general, there is no fundamental reason for giving insulin with meals. It may be given before or after the meals in such a manner as to keep the urine sugar-free and the blood sugar within normal limits. Insulin is supplied in Canada in vials containing ten cubic centimeters each. A definite system of labelling has been devised in order to identify the various strengths of the solutions:

White label insulin (single strength): 10 units per c.c.

Blue label insulin (double strength): 20 units per c.c.

Yellow label insulin (quadruple strength): 40 units per c.c.

Green label insulin (double quadruple strength): 80 units per c.c.

It is best for a patient to provide himself with two syringes, one for daily use,

another in reserve against breakage or loss, and at least two, preferably more, rust-proof needles. Syringes vary greatly in variety, from expensive specially graduated types to the ordinary two c.c. type used in hospitals. The latter is the most economical and serves the purpose of insulin administration very well. The needles commonly used are $\frac{5}{8}$ " to $\frac{3}{4}$ " in length and No. 24 to No. 26 gauge.

Blue label insulin is the kind generally used by the average diabetic whose dosage does not exceed a total of 40 units a day. Yellow label insulin for dosages over 40 units daily reduces the bulk of the injections. Insulin charts, consisting of a replica of the markings on the syringe, are given to patients so that they can clearly see the actual doses which they have to receive and the times when the injections have to be taken. This system tends to avoid errors.

The sterilization of the equipment used for the injection of insulin must be carefully taught and carried out. In the hospital, the procedure is the same as for a routine hypodermic. In the home, the boiling of the syringe and the needles in soft or distilled water is advised. The use of hard water causes a deposit to form on the syringe and the plunger. For the sake of convenience, however, the syringe and needles may be kept in alcohol. The technique of administering insulin is as follows:

Assemble the syringe and plunger.

Wipe the rubber cap of the insulin bottle with alcohol on cotton. Do not remove the stopper.

Note the dose of insulin to be given. Draw an amount of air into the syringe corresponding to the dose of insulin. Invert the bottle. With the air still in the syringe, plunge the needle through the rubber cap and inject the

air. Holding the syringe and needle upward, withdraw the desired amount of insulin slowly. Measure the dose carefully. Do not allow the needle to come in contact with anything before the injection is made.

Cleanse an area of skin by rubbing with 70 per cent alcohol on cotton. Insert the needle quickly in a fold of the skin held between the thumb and forefinger. Do not inject the insulin too close to the surface.

Rinse the syringe and needle with cold water immediately. Dry with a cloth and blow air through the needle repeatedly with the syringe.

The site of the injection of insulin should vary. If insulin is injected repeatedly into one region an "insulin lump" will develop due to a condition of fibrosis in the tissues. Insulin which is injected into such a locality is poorly absorbed and its effect is to a greater or less degree nullified. It is a good rule to say to the patient: "Use the right leg in the morning, the left leg at night and follow a line down the anterior aspect of the leg for a week, moving outward to a new line each succeeding week in the month." To assist the patient "insulin maps" have been drawn marking out in desired detail the sites of injection for a given time.

Localized anaphylactoid phenomena sometimes develop about the site of the injections when insulin treatment is begun. In a few days these local reactions tend to subside and disappear. But should they fail to do so, it is well to change to a different strength or variety of insulin.

For about one-quarter of the number of diabetics who require insulin, one dose a day will suffice. The more severe the disease, the more frequent are the injections of insulin. Ordinarily, a dose of insulin exerts its effect for from four to eight hours. In infections, one resorts to injections of insulin every six, four, three or two hours, and in coma, when the need is extreme, as often as every thirty minutes.

If one dose of insulin a day is adequate, it should be given before breakfast. If two doses are necessary, before breakfast and before supper. If the two doses reach

high levels and are still insufficient to control the situation, then three or four doses a day may be advisable. Often with young people who have severe diabetes, it is found helpful to give a dose during the night, that is, between ten o'clock and midnight. This decreases the tendency for the blood sugar to rise in the early morning hours. The night dose is usually given without food and must be relatively small (two, four, six or eight units) to avoid hypoglycaemia. The morning dose of insulin should be given three-quarters to one hour before breakfast. Otherwise, it is customary to inject the insulin twenty to thirty minutes before the meals.

One unit of insulin ordinarily will metabolize from one to two grams of carbohydrate, but it is impossible to be exact with regard to this. In general, the method of trial and error should be adopted until the individual requirements can be ascertained.

The danger of insulin is in over-dosage. When a diabetic child, who is receiving insulin, becomes quiet, lacks interest and is unnaturally good or when an adult seems ambitionless, depressed and morose, or when an elderly person feels weak and faint, it may mean that their blood sugar is too low. An insulin reaction comes on from one-half to eight hours after an injection of insulin. One observes a tremor of the hands with moisture in the palms and perhaps a few beads of sweat on the forehead, dilated pupils, firm rather than soft eyeballs, diplopia, pallor rather than a flushed face, normal respirations and blood pressure, normal or sometimes rapid pulse. These findings almost complete a picture which, if unchecked by the taking of carbohydrate, may end in complete unconsciousness followed by convulsions. The prognosis of an insulin reaction is invariably good if it is diagnosed and counteracted early. The treatment is simple and consists of the administration of five or ten grams of dextrose

in orange juice which usually relieves the symptoms in a few minutes. Sometimes three times as much dextrose as this is required and occasionally, for a severe reaction, it is necessary to inject dextrose intravenously, in which case the response is often so prompt as to be startling. Diabetic patients who use insulin must be able to recognize the first symptoms of an insulin reaction and be prepared to check its progress. It is wise for every patient to carry one or two cubes of sugar in a pocket or handbag for use in an emergency. Corn syrup, which is mainly glucose, should be stocked in the home and a teaspoonful or more, if necessary, swallowed in case of a reaction.

Identification cards bearing their name, address, telephone number, insulin dos-

ages and other details should be carried by diabetics at all times as an aid to their receiving prompt and efficient care in the event of the sudden development of an insulin reaction or a pre-comatose state.

Conclusion

Finally, the successful management of diabetes depends, in the first place, upon the early recognition of the condition and, secondly, upon the adequate treatment of its many complications and, what is most important of all, upon the proper education of the patient. Diabetes itself is an incurable disease. If untreated, it is progressive and eventually becomes a serious problem but if it is properly treated, there is continuous improvement which, in the early cases especially, is most gratifying.

THE DAY OF REMEMBRANCE

An impressive ceremony, at which a hundred nurses were present, took place on Armistice Day before the Nurses Memorial in the Hall of Fame in the Parliament Buildings in Ottawa. Tribute to the nursing profession, both in peace and war, was paid by the Hon. J. L. Ilesley, Minister of National Revenue, who represented the Dominion Government.

Following a brief service conducted by Major the Rev. C. G. Hepburn, M.C., wreaths were placed by the following: Lady Perley; Miss Gertrude Garvin, on behalf of the Canadian Nurses Association; Miss Elizabeth Smellie, R.R.C.; Miss Genevieve Spalding, R.R.C.; Miss Emily Schryer; Miss E. J. Bowen. At the conclusion of this ceremony, the nurses filed out in procession, escorted by a military officer, and took their places at the Cenotaph, where they shared in the public tribute paid to Canada's heroic dead.

In the evening the members of the Ottawa Unit of the Overseas Nurses Association of

Canada were the guests of the Canadian Legion at their banquet. The toast of "Our Empire Comrades of the Great War" was proposed by Colonel D. Carmichael, D.S.O., M.C., V.D., and responded to by Miss Elizabeth Smellie, C.B.E., R.R.C., and Commander H. A. C. Lane, R.N. Miss Smellie was accorded musical honours as she rose to speak. She said that as a nursing sister representing the women who served in the war she recognized the invitation to participate in such a gathering as a recrudescence of that spirit of goodwill and comradeship invariably associated with overseas relationships. Miss Smellie recalled that 60,000 nurses served in the war. They had tried to bring their knowledge and professional skill to the service of mankind. Then there were the V.A.D.'s and the W.A.A.C.'s, not forgetting these thousands of women who so faithfully and unselfishly carried on at home. Miss Smellie's remarks were received with great enthusiasm.

Department of Public Health Nursing

HEALTH INSURANCE AND NURSING

ALLON PEEBLES, Ph.D., Chairman, the Health Insurance Commission of the Province of British Columbia.

The advance of medical knowledge has resulted in maladjustments. Modern medical care is not available to all of our people, and even when it is available its costs are sometimes prohibitive. Up-to-date medical service, including nursing care, because of its greater technical development inevitably costs more than the medical care of an earlier epoch. And, arising from the uneven incidence of illness, the costs of medical care, in the absence of an insurance system, are unevenly distributed among families and over periods of time. A disease requiring involved diagnostic procedures and adequate treatment may cost the unfortunate individual hundreds of dollars. A financial barrier stands between those in need of service and those ready to supply it.

This barrier is of particular importance in the field of nursing. On this continent there is an over-supply of trained nurses, not an over-supply in terms of the need of the people for nursing care, but in terms of the ability of the people to pay for this care when financed upon an individual basis. In Canada in 1930, according to the report of Dr. G. M. Weir, five out of eight people of average means sufficiently ill to require the services of a trained nurse, were unable to pay for these services. This statement was based on the evidence of 1,189 doctors. As a result of the over-supply of nurses and of the inability of the people to pay for the services of nurses, the economic status of the profession is far from satisfactory. The average earnings of nurses are extremely low.

Health insurance, it is hoped, will

eventually offer a partial solution to this problem. The method of health insurance is to substitute a group scheme of payment for an individual method of payment which has, as we have seen, been working in an unsatisfactory manner. Instead of waiting until illness strikes the pocket-book, until the earnings of the head of the family are cut off just at a time when expenses are increasing, the wage-earner pays in advance for his medical care. He does this in the most painless fashion through regular deductions of small amounts from his pay cheques. In this way, the costs of medical care are evenly distributed and the heavy financial burdens which certain families incur, particularly in connection with hospitalized illnesses requiring private duty nursing, are eliminated. It is a common-sense, business-like arrangement.

The British Columbia Health Insurance system will be the first experiment of its kind in North America and for this reason its main features are of considerable interest. The plan provides that the most essential medical services will be available for employees and their families. Medical care by the physicians or surgeon chosen by the insured person, free hospital care, the services of diagnostic laboratories and necessary drugs and medicines are the "mandatory benefits" specified in the Act. Various other medical services may be granted as "permissive benefits" if sufficient funds are available after payment for the mandatory benefits. A striking feature of the Act is that it deals with the family as a unit. Dependent wives and children are to be included, with their wage-earner husbands, as insured persons.

An address delivered at the General Meeting of the Canadian Nurses Association, June 30, 1936.

The plan is to cover all employees earning less than \$1,800 per year, except farm workers and Christian Scientists, who are specifically excluded. Certain other employees, such as domestic servants, casual workers and part-time workers, may be excluded if the Health Insurance Commission decides and the Government approves.

An additional exemption provision of great importance is that employees who are members of any industrial medical service scheme in existence on January 1, 1936, shall be excluded if, by the time contributions from wage-earners and employers to the Health Insurance Fund begin to be levied, their scheme provides a standard of service to its members and their dependents equal to or better than the services of physician and hospital for all cases of ordinary illness. However, if a majority of the employees who are members of such a scheme vote, by secret ballot in a plebiscite to be supervised by the Government, to come within the scope of the provincial scheme the exemption of any such group of employees is to be rescinded.

The plan is to be financed by contributions from employees and employers, without any contribution from the Government. The Government, however, has appropriated funds to cover the organization expenses of the Health Insurance Commission. The employee is to pay two per cent of his wages and the employer one per cent of his pay-roll for insured persons, with minimum and maximum contributions fixed for each. The minimum contribution for the employee is to be 35 cents per week and his maximum contribution 70 cents; while the employer's minimum payment for each employee is set at 20 cents per week and his maximum payment at 35 cents.

Provision is also made for the inclusion of persons, such as merchants, farmers and others not working for wages,

irrespective of their incomes, who may join the scheme as voluntary contributors to obtain benefits for themselves and their dependents. Voluntary contributors are to bear the full costs of the services rendered to them and their families, and rates are to be fixed by the Health Insurance Commission, with the approval of the Government, for this group.

The plan is designed to interfere as little as possible with existing methods of providing medical care. Thus it is provided that, except under unusual circumstances, insured persons shall have the right to obtain service from the physician or surgeon of their own choice. They are also to be entitled to have prescriptions filled by any qualified pharmacist.

Hospital service in a public ward is to be given for a period not to exceed ten consecutive weeks for any one illness, unless a longer period is authorized by the Commission. Those who desire semi-private or private ward care may obtain this by paying the difference between public ward rates and other rates. Full laboratory service and diagnostic aids, including X-ray, biochemical and other services, are to be provided without special charge. However, in the case of drugs, medicines and dressings it is specified that the Health Insurance Commission may require the insured person to pay not more than one-half of the cost of these items.

Power is given to the Commission to expand the list of medical services to the extent that finances permit. The scheme is essentially one in which all money paid in by contributors must be returned to them in services so that if contributions prove more than sufficient to cover the costs of the mandatory benefits and administration, additional medical services such as private duty and visiting nursing care may be granted. Before such extensions are put into effect, however, a sufficient reserve must be built up and

adequate remuneration to those supplying services must be assured. A conservative attitude would create among the public no immediate expectation of extra benefits.

Benefits are to be granted to insured persons four weeks after contributions in their behalf become payable. They are to continue-eligible to receive benefits for so long as their contributions continue, for four additional weeks, and for any further additional period that may be specified by the Commission. If an employee falls ill and is unable to work he will be entitled to receive medical care for a still further additional period of twelve weeks. These provisions mean that beneficiaries of the scheme will receive benefits not only while they are contributing, but also during short periods of unemployment and during a considerable period of absence from work on account of sickness. The Commission is to make financial arrangements with doctors, druggists, hospitals, laboratories and other persons or agencies providing services.

Trends in Canada

In the British Columbia Health Insurance Act there is no mention of nursing benefits. However, if funds are available, nursing care may be provided. This would probably take the form of visiting nursing. In the Alberta Health Insurance Act passed in 1935, but not yet proclaimed, any necessary nursing services were to be available to insured persons without charge. So much for actual legislation in Canada. In the report of the committee on inter-relations of the Ontario Medical Society, 1935, there was included a plan of health insurance for the Province of Ontario. In this plan, nursing service was included under the following provisions:

In hospital. (1) Regular nursing services to be provided by regular staff nurses and included in maintenance fees. (2) Special nursing to be done by special graduate staff

nurses on a part-time basis, payment being made to the hospital per hour of service.

In the home. (1) Usually by visiting nurse with remuneration on a per visit basis. (2) Where sickness is sufficiently serious to require continuous graduate nursing care, the patient normally should be admitted to the hospital. Where this is not practicable graduate nurses may be engaged at regular rates subject to approval of the regional medical officer. (3) Where sickness is not sufficiently serious to require graduate nursing, yet where 12 or 24-hour attendance is necessary, the service, subject to the approval of the regional medical officer, would be rendered by a nursing housekeeper whose minimum qualifications will have to be defined.

Registration. All persons, whether graduate nurses or others, nursing for hire under the scheme shall be registered.

The 1934 report of the committee on economics of the Canadian Medical Association reads in part as follows:

In the care of the sick, nursing service is often an essential part of treatment. Nursing care in the home is now provided by private-duty nurses, or by visiting-nurse organizations. The latter give their service on a visit basis, which is a satisfactory and economical method of providing most of the home bedside nursing care needed. The plan (the health insurance plan of the committee) is that those requiring full-time nursing care should be admitted to hospital, and that nursing care in the home be limited to a visiting-nurse service, including maternity service, provided preferably by a local branch of the Victorian Order of Nurses for Canada, a national visiting-nurses organization, with local branches so located that they now offer their services to one-third of the population of Canada.

One of the sub-sections in the principles which should govern in a health insurance system, according to this report, is to the effect that visiting-nurse service in the home should be provided. In these two reports we see that nursing service is recognized by the medical profession, as a desirable and necessary part of an effective health insurance plan.

It is natural for nurses to ask why nursing benefits were not included in the British Columbia Act. Dentists might raise a similar question. The reason certainly does not lie in a lack of recognition

of the need for nursing care. In cases of serious and acute illness when nurses are desperately needed some means of spreading the cost is certainly required. But any health insurance system cannot, at the outset, provide complete services without running grave financial and administrative risks. It may be possible to utilize visiting nurse service in British Columbia as a means of caring for certain patients who would otherwise be hospitalized, and this course might be considered sound from the medical as well as the financial point of view. The eventual inclusion of complete nursing service will depend upon the demand for it by the people and their willingness to pay for this service.

Unless the benefits under the Act are extended to include public health nursing, the passing of the British Columbia Bill will have little effect upon the economic status of the public health nurse. It will, however, provide her with the means of doing her job more effectively, for in the case of insured patients, when the nurse discovers a need for doctor's care

she will be able to recommend this need to her patient with the realization that no financial barrier will stand in the way of the required service.

The effect upon nurses engaged in institutional work should be a good one. Undoubtedly health insurance will help to place our hospitals on a sound financial basis, and thus make it eventually feasible to establish an eight-hour day and a greater use of graduate nurses within our institutions.

What Can Nurses Do?

What can nurses do to help the cause of health insurance? Perhaps some of you do not consider it an effective method for solving our current problems. Perhaps some of you have accepted too uncritically the promises that health insurance holds out. In any case, the nurses of Canada by studying the field of medical economics and by watching the various experiments either now under way or shortly to be launched, can exercise an important influence upon the course of events.

IN A CHINESE SETTING

Changte, North Honan,

Our trip to the First District meeting was an interesting one and I want to tell you all about it. When we left a week ago for Weihwei it was pouring rain and cold so we had to dress accordingly. We had a morning to rest and started right after dinner for the Taok'ow train. We arrived at 5 p.m.; the roses there are extra fine and we feasted our eyes on them. They get a very fine view from the compound, the sun setting behind the hills and in front are fields of ripening wheat. The Chinese doctor had prepared a feast for us, and only those who know how good Chinese food is will understand how much we enjoyed it.

We left early to be up at sunrise to get an early start but failed to get a car to take us, so ordered rickshas. We rested for breakfast in an inn by the way. Mr. Thomson had escorted us part way and had secured a guard for us of four soldiers, on their bicycles. They were very good to us; it is the first time I have

ever travelled with a guard. About 9.30 a delegate from Kweiteh, from the Canadian Anglican mission met us. Mr. Kao had missed the train at Weihwei and, in order to catch up to us, had ordered a ricksha and had travelled across country in the dark. The ricksha had dumped once and they had been held up by armed men challenging them as to where they were going. They had missed us at Taok'ow and had come on later. We admired him for his courage. This made our party up to seven; two foreign nurses, four Chinese girls and one man.

The grain looked very poor and part of the section was land covered by water from the Yellow River; you could see the salt and soda in the earth. We rested every two or three hours and arrived at KaiChow around six o'clock. We ran into a thunderstorm shortly before we arrived but it didn't delay us long.

At dinner we were entertained at one of the missionary's homes and heard all about his

experiences with bandits. In the afternoon we saw the hospital and their classroom equipment. Mr. Wang, a nurse who has had special training in teaching, has done very good work. His description of how they got their skeleton was very interesting but rather gruesome. They have made a very good job of it and it only cost about \$3.00 whereas one bought from Japan costs \$200.

After our tour of inspection we had tea on the verandah and appointed our delegate to the Nurses' Convention in Nanking.

The in-coming committee met, and then to

bed as we had an early start to make again and shortly after 4.15 a.m. we were awake and preparing to leave. We went through the city of K'ai Ch'ow, through the mud walls. We noticed that they used wood instead of coal as we do. The city is large and a good deal of space was taken up with grain fields. The Catholics have a mission there and the church spire could be seen a long way off.

There was a wind and it made hard pulling but the men did well and we got back to T'aoK'ow about 6 p.m.

CLARA PRESTON.

OBITUARY

DERMONDY—Recently, at St. Vital Sanitarium, the death occurred of Charlotte Derrondy, a graduate of the School of Nursing of St. Boniface Hospital and a member of the class of 1930.

DUTTON—On October 25, 1936, the death occurred of Mabel Louise Dutton, a graduate of the School of Nursing of St. Paul's Hospital, Vancouver, and a member of the class of 1919.

GEE—The death occurred on June 17, 1936, of Muriel Gee, a graduate of the School of Nursing of the Homeopathic Hospital, Montreal, and a member of the class of 1934.

MACLEOD—The death occurred recently of Rachel MacLeod, a graduate of the School of Nursing of the Vancouver General Hospital, and a member of the class of 1907.

MCDONALD—At the Charlottetown Hospital on September 21, 1936, the death occurred of Mary J. McDonald, a graduate of the School of Nursing of the Charlottetown Hospital and a member of the class of 1933.

SISTER MARY ALICE, a pioneer of the Nursing Sisterhood of the Grey Nuns, passed peacefully away October 22, 1936, at the Champlain Valley Hospital, Plattsburgh, N.Y., completing a lifetime of devotion and self-sacrifice in the care of the sick and the education of students in the profession of nursing. Sister Mary Alice was the religious name of Alice M. Carey, a native of Prince Edward Island. Her first post of responsibility was the establishment of a Nursing School of her order in the Ottawa General Hospital, where she served for fifteen years as superintendent of nurses. In 1911 she was transferred to the Champlain

Valley Hospital, Plattsburgh, and later to the A. Barton Hepburn Hospital, Ogdensburg, where she was superintendent of nurses from 1914 to 1928, retiring in that year with a remarkable record of loyal service to humanity and of unselfish devotion to the profession of nursing.

STEWART—On November 2, 1936, the death occurred of Ida Kate Bradshaw, beloved wife of Dr. David A. Stewart. She was a graduate of the School of Nursing of the Morden General Hospital and, in 1910, organized the first hospital social service department in Canada at the Winnipeg General Hospital. To this pioneer work she brought both keen intelligence and steadfast courage. In 1915 she was married to Dr. Stewart and threw herself heart and soul into his work as superintendent of the Provincial Sanatorium at Ninette. In spite of the handicap of continued ill-health, she exercised a beneficent influence upon everyone with whom the activities of the Sanatorium brought her into contact. Her philosophy of life, based on deep knowledge of it, was manifested in her way of living. She read widely and had marked felicity of expression. In the last years of her life she became an ardent supporter of the cause of international peace and was a member of the executive committee of the League of Nations Society in Canada.

Those who were honoured by her personal friendship will long remember the dignity and beauty of her countenance, her lovely sparkling humour, her tender pity. In her death the profession of nursing and the people of Manitoba have lost an able leader and a noble woman.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

National Committees

In *Notes from the National Office* as published in the August, September and October issues of the *Journal*, members of the Canadian Nurses Association have been given an opportunity of reading and studying the numerous reports for the biennial period 1934-36 as presented at the eighteenth General Meeting of the Association. A consideration of the contents of those reports, especially those of the various committees, must have impressed our readers with the arduous work done by the committees in the interest of the national organization. While the average member may take for granted the formulation of the carefully thought-out policies of the Executive Committee, it is well to remind ourselves that the activities and ideals of the Association could not be effectively carried forward if it were not for the splendid voluntary contribution made by the personnel of the various committees. In more than one issue, these *Notes* have referred to the work of the committees but, in recognition of the newer members of the Provincial Registered Nurses Associations, repetition of certain statements is required.

The Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses; thus, there is only one way by which nurses can become affiliated with their national organization and that is by maintaining membership in a Provincial Association. General meetings of the national organization are held biennially. During the intervening two-year period the Executive Committee is responsible for the conduct of the Association's business. However, when professional projects or problems require study, development, or clarification they are usually referred to special committees.

Each committee is given the oppor-

tunity to report to meetings of the Executive Committee and, when deemed advisable, copies of such reports are distributed to all members of the Executive. Provincial representatives to the Executive Committee are the presidents of the Provincial Associations and the chairmen of the three Provincial Sections: Nursing Education, Public Health and Private Duty. Thus, through these officers, the Provincial Associations are kept informed of progress in national studies and projects. The names of Special Committees functioning during the biennial period 1936-38 with their personnel are published herewith. The date of year following each committee indicates the year when first appointed:

National Enrolment of Nurses for Emergency Service (1926): Convener, Miss F. I. McEwen, 621 Jarvis Street, Toronto; Miss R. M. Simpson, Regina; Miss E. MacP. Dickson, Miss R. M. Beamish, Toronto; Miss P. N. Gilbert (Alta.), Miss M. P. Campbell (B.C.), Miss N. O'Shaughnessy (Man.), Miss N. Estabrook (N.B.), Miss E. O. R. Browne (N.S.), Miss E. Greenwood (Ont.), Miss M. Wilson (P.E.I.), Miss E. Beith (Que.), Miss I. Stewart (Sask.). The voluntary enrolment of the members of the Provincial Associations of Registered Nurses for emergency service is directed and promoted by this committee in co-operation with the Canadian Red Cross Society and its Provincial Divisions.

Joint Study Committee of the Canadian Nurses Association and the Canadian Medical Association (1927): The representatives of the first named organization to this Joint Committee are: Miss J. I. Gunn, Miss E. K. Russell, Miss F. H. M. Emory, with Miss N. D. Fidler, 7 Queen's Park, Toronto, acting as secretary. Since the release and early study of the Survey Report this committee has

not been very active. However, it has been thought advisable to continue the committee, which at present has under consideration the way by which it can be most helpful to the two organizations represented in its personnel.

Exchange of Nurses (1930): Convener, Miss J. E. Browne, 621 Jarvis Street, Toronto; Miss M. K. Holt, Miss M. F. Hersey, Montreal; Miss J. I. Gunn, Miss P. B. Austin, Miss F. Emory, Miss N. Moore, Miss R. E. Hamilton, Toronto; Miss H. S. Peters, Edmonton; Miss G. M. Fairley, Vancouver. To arrange for exchange of members of the Canadian Nurses Association with nursing organizations in English-speaking countries affiliated with the International Council of Nurses.

Florence Nightingale Memorial Committee (1932): Convener, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Miss G. E. Smiley (Alta.), Miss K. I. Sanderson (B.C.), Miss R. Dickie (Man.), Miss F. Coleman (N.B.), Miss M. J. Graham (N.S.), Miss R. E. Hamilton (Ont.), Miss H. MacLaine (P.E.I.), Miss M. K. Holt (Que.), Miss A. F. Lawrie (Sask.). To collect funds for the Florence Nightingale International Foundation in support of the Scholarship and Endowment Funds, as subscribed by the Canadian Nurses Association for a five-year period, 1934 to 1938 inclusive.

Scholarship Award Committee (1934): Convener, Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; Miss E. K. Russell, University of Toronto; Miss M. F. Gray, University of British Columbia; Miss R. M. Simpson, Regina. To select, from among candidates who make application, a scholarship student for the courses offered by the Florence Nightingale International Foundation. The present committee has been asked by the Executive to make a further study of the basis of selection of candidates.

Curriculum for Nurses-in-Training in

Mental Hospitals (1933): Convener, Miss N. D. Fidler, 7 Queen's Park, Toronto; Miss M. Lindeburgh and Miss E. F. Upton, Montreal. In response to a request to the Association from the Canadian National Committee on Mental Hygiene, this committee was appointed to assist in the outlining of courses for nurses, graduate and undergraduate, and the training of attendants in mental hospitals.

Dominion Registration for Nurses (1934): Convener, Miss E. MacP. Dickson, Earl Apts., Earl and Huntley Streets, Toronto; Miss E. M. McKee, Brantford; Miss F. Emory, Toronto; Miss R. Thompson (Alta.), Miss E. Breeze (B.C.), Miss J. Houston (Man.), Miss M. E. Retallick (N.B.), Miss V. I. Winslow (N.S.), Miss M. B. Millman (Ont.), Miss I. Gillan (P.E.I.), Miss E. F. Upton (Que.), Miss E. Ames (Sask.). At the General Meeting in 1934, the principle of Dominion Registration for Nurses was approved. If enacted, the measure should be under the control of the Canadian Nurses Association. A nucleus of a committee was appointed to which were added provincial representatives. Arising from a study of the committee's report, and following its presentation at the General Meeting, 1936, the official delegates adopted several resolutions, subject to which the project will be further studied in the present biennial period. (See *The Canadian Nurse*, September, 1936, p. 414.)

Mary Agnes Snively Memorial (1934): Convener, Miss E. MacP. Dickson, Miss J. I. Gunn, Toronto; Miss M. F. Hersey, Montreal. To aid the Executive in the selection of nurses on whom the medal in memory of the founder of the Canadian Association is to be bestowed.

Health Insurance and Nursing Service (1934): Convener, Miss J. I. Gunn, Toronto General Hospital, Toronto. Personnel not completed. To make a study of and to keep closely in touch with health

insurance schemes; to have information available as may be required by the Association in the event of the adoption of a general plan of health insurance, provincial or federal.

Legislation Committee (1935): Convener, Miss J. E. Browne, 621 Jarvis Street, Toronto; Miss E. MacP. Dickson, Miss J. I. Gunn and Miss F. Emory, Toronto. Advisory to the Executive Committee concerning legislation measures.

Community Nursing Service Bureau (1936): Convener, Miss R. M. Simpson, Department of Health, Parliament Build-

ings, Regina. Personnel not completed. To discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux, then to report its findings to the Executive Committee.

Awaiting Completion

It is regretted that the personnel of two committees is not available for announcement at present: one, to study the development of religious influences in the life of the nurse, and the other, to watch for the use of the nurse's figure in non-professional advertising.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

The fourth year of the five-year pledge made by the Canadian Nurses Association to the Foundation has opened, and the National Committee has forwarded to each provincial convener an appeal requesting that provincial organizations, alumnae associations and student groups give the same generous support that was given last year. The sum required is \$2,500.00, of which \$1,250.00 is applied to the scholarship fund (announcement of which appears elsewhere in these pages), and the remainder is donated to the permanent endowment. As a result of the organization of the Canadian Florence Nightingale Memorial Committee, which is comprised of members of the Canadian Red Cross Society as well as representatives of the Canadian Nurses Association, it is hoped that wider interest and possible financial support may be given to the Foundation from other sources. The League of Red Cross Societies and the Canadian Red Cross Society have always demonstrated interest in health education programmes, both national and international, and the Foundation is an outstanding example of a memorial which is truly educational.

From time to time, members of the "Old Internationals" visit Canada, and recently Miss Scrymgeour the Australian nurse who in 1936 received a scholarship from her own country, visited many of the Canadian centres on her way back to Queensland. She expressed the

greatest appreciation of her experience while at International House and spoke of the value of contact with nurses from so many countries.

Further contributions to the Fund have been received as follows:

British Columbia

Staff, Matsqui-Sumas-Abbotsford Hospital	\$ 4.00
Women's Auxiliary, Creston Hospital	5.00
Staff, Quesnel Hospital	3.00
Staff, Trail-Tadanac Hospital	20.50
Staff, North Vancouver General Hospital	5.00
Students' Council, Vancouver General Hospital	40.00
St. Paul's School of Nursing, Vancouver	10.00
Miss Jean Davidson, Kelowna General Hospital	5.00

Nova Scotia

Student Nurses, Victoria General Hospital, Halifax	12.60
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Ontario

Student Nurses, Brantford General Hospital	20.00
A.A., C.E., Englehart Hospital, Petrolia	5.00
District 9, Registered Nurses Association of Ontario	10.15

Quebec

L'Association des G.M.D. de l'Hôpital Notre-Dame, Montreal	5.00
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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The monthly meeting of the Edmonton Graduate Nurses Association was held on October 21, when thirty-two members were present. The guest speaker, Dr. G. Malcolmson, gave an interesting address on "Newer Treatments of Cancer." Plans for increased membership were discussed.

MEDICINE HAT: Miss Catherine Clibborn, a graduate of the Vancouver General Hospital, has been appointed instructress of the Medicine Hat General Hospital. Mrs. Walter Devlin has been appointed secretary of the Medicine Hat Graduate Nurses Association. Miss M. Reid acted in this capacity prior to her removal to St. Paul's Hospital, Saskatoon.

BRITISH COLUMBIA

NELSON: The annual meeting of the Nelson Registered Nurses Association was held recently. The following notes are excerpts from the report of the retiring president, Miss V. B. Eidt: Much credit is given Miss Joyce Leslie whose untiring efforts have given us the complete and helpful constitution and by-laws, as they now stand revised. The assistance rendered by Mr. C. H. Hamilton was invaluable. The next item of importance is the establishing of the eight-hour day for private duty nurses. Again our thanks are due to Miss Leslie and Miss Jean McVicar, convener of the private duty committee, and also to the nurses themselves for their organized efforts in making this venture a success. Dr. Auld's contribution to our programme regarding the treatment of cancer reminds us of the valuable work being done by the Cancer Foundation, also of your Associations' contribution to that splendid cause. A committee of the Provincial Association has kept closely in touch with the steps being taken by the Health Insurance movement in the province and nursing interests have been kept before the Commission. Your local Association has been kept informed of steps taken. Applications for Red Cross enrolment are available from your local and Provincial Secretary. Nurses are urged to enroll for service.

NELSON: A reception was recently held by the Nelson Registered Nurses Association in honour of Miss Agnes Cant, an honorary life-member. Miss Cant has nursed in Nelson for more than twenty-five years, and in all parts of the city her name is held in affection and respect. She has been a loyal supporter of the Association ever since its establishment in 1921, and her life, both professionally and

personally, has been a shining example. Miss Cant will in future reside in Galt, Ontario. The large gathering at this reception showed that our regret was shared by a number of friends outside the profession; and that she takes with her the good wishes of the whole city, and its love.

VANCOUVER: The following marriages took place recently: Miss Grace M. Potts (V.G.H.) to Mr. James K. Craigie; Miss Helen A. Wanamaker Fowler (V.G.H.) to Mr. Donald W. Carnegie; Miss Isabel A. Cousin (Nicola Valley General Hospital) to Mr. Roy Forsyth; Miss Frances E. Salmon (St. Joseph's Hospital, Victoria) to Mr. David Ryall; Miss Elva M. Shortreed (V.G.H.) to Mr. Anthony P. Hannam; Miss Margaret B. Moffat (V.G.H. and U.B.C.) to Mr. R. H. King; Miss Harriet A. Tuttle (St. Joseph's Hospital, Victoria) to Mr. William L. Ohs.

MANITOBA

BRANDON: The first meeting of the Brandon Graduate Nurses Association was held on October 6, with Mrs. L. Fletcher presiding. Miss B. Brigham introduced the guest speaker, Mr. Wm. Noakes, who gave a delightful account of the Vimy Ridge memorial ceremonies. A social hour concluded the evening.

BRANDON: The Graduate Nurses Association held a meeting at the Mental Hospital on Nov. 4, when the downtown section took charge and Dr. S. Shultz was the speaker of the evening. He gave an interesting illustrated talk on "The treatment of medical diseases by occupational therapy."

ST. BONIFACE: MARRIED: On August 22, 1936, Miss Helen Stephens (St. Boniface Hospital, 1929) to Mr. Whitney McElheran.

MARRIED: On August 20, 1936, Miss Nellie Webster (St. Boniface Hospital, 1929) to Dr. Ross Creighton.

MARRIED: On October 17, 1936, Miss Ellen Banks (St. Boniface Hospital, 1931) to Dr. W. Easton.

WINNIPEG: A meeting of the Manitoba Association of Registered Nurses was held in Winnipeg on October 23, 1936. Owing to the illness of the president, Miss S. Wright, the chair was occupied by Miss Jean Houston, of Ninette. Reports from the various committees were received. The Private Duty Section reported the private duty nurses had voted in favour of an eight-hour day, and asked and received the sanction of the Association in bringing this before the hospitals. Miss Houston announced that the Department of Health

and Public Welfare had granted leave of absence for one year to Miss Gertrude Hall, to enable her to make a survey of the Schools of Nursing in Manitoba, as a basis on which to plan a programme of service to the schools, and with a view to having something definite to offer to a Training School Advisor. Miss Hall will also take over the duties of executive secretary for the Association. Miss Houston also spoke of the re-organization of the Central Directory. Reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss Christina Macleod for the Nursing Education Section, Miss C. Maddin for Public Health, Miss P. Brownell for Private Duty, and Miss Emily Parker's report dwelt on the trends in nursing as seen at the meeting.

WINNIPEG GENERAL HOSPITAL: Miss Gertrude Hall (1921) has been loaned, through the courtesy of the Department of Health and Public Welfare of Manitoba, to act as executive secretary of the Manitoba Association of Registered Nurses, for the period of one year. Interesting reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss P. Brownell and Miss E. Parker, at the October meeting of the Alumnae Association. Miss B. Seaman (W.G.H., 1935) and Miss E. Elder (W.G.H., 1935) are taking a postgraduate course in obstetrics and gynaecology at the Royal Victoria Montreal Maternity Hospital. Miss Lynette Gunn (W.G.H., 1920) of the Victorian Order of Nurses, Winnipeg, is taking a postgraduate course at McGill University. Miss Hazel Ingram (W.G.H., 1923) of the Winnipeg branch of the Victorian Order of Nurses is taking a postgraduate course in public health nursing at the University of British Columbia.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter of New Brunswick Nurses was held recently with the president, Mrs. G. E. Van Dorsser, in the chair. Miss H. Dykeman, Director of Public Health Nursing, informed the meeting that a refresher course for nurses would be conducted by the Department of Public Health which would include special lectures on child hygiene, psychiatry and district nursing. Miss Margaret McJunkin, delegate to the annual meeting of the New Brunswick Association of Registered Nurses, gave a detailed report of the sessions held in Moncton recently. Mrs. Van Dorsser gave a report of the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On September 24, 1936, Miss Agnes Fleuwelling (St.J.G.H., 1932) to Dr. Richard Monahan.

MARRIED: On September 5, 1936, Miss Mil-

dred A. Lutz (St.J.G.H., 1935) to Mr. Wilbur Black.

MARRIED: On September 17, 1936, Miss Christine MacAfee (St.J.G.H., 1931) to Mr. Frank Waring Wetmore.

MARRIED: On September 15, 1936, Miss Hazel Myles (St.J.G.H., 1929) to Dr. Frederick C. Jennings.

ST. STEPHEN: The graduation exercises of the Chipman Memorial Hospital were held recently, when nine nurses received their diplomas. Dr. E. O. Thomas delivered a most helpful address and the Alumnae prize for highest standing for the three-year period was won by Miss N. McCullough. The senior year prize was won by Miss M. McAleenan, the intermediate by Miss M. Williams, and the junior by the Misses D. McMullen and H. McCracken. A reception and dance followed. Miss E. Martin (C.M.H., 1934) is at her home in London, England, and plans to attend the meetings of the I.C.N. Miss Hazel Darker is spending a vacation at her home, Island Brook, P.Q. Sorrow is expressed at the passing of Miss Eva Thomas (Newton Hospital).

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Jessie F. Smith of the School of Nursing of the Toronto General Hospital and of the Public Health Nursing course, University of British Columbia, has succeeded Miss Rolande Blais, who recently resigned as public health nurse for Penetanguishene.

Miss Hilda Pennock of the supervisory staff, Ontario Department of Health, is now in Northern Ontario, and Miss Edna Squires is returning from Rainy River and Thunder Bay districts. Miss Bertha Johnson, who is supplying for Miss Howey, is in Southern Ontario.

DISTRICT 1

LONDON: The first meeting of the Victoria Hospital Alumnae Association following the holiday season, was held on October 6, with the president, Miss McLaughlin, in the chair. Miss Florence Quigley brought an interesting report from the annual meeting of the R.N. A.O. Miss Mildred Walker gave a splendid description of the meeting of the Canadian Nurses Association, held in Vancouver. An interesting report of the conference, arranged by the London Council of Social Agencies, was given by Miss Ruth Kestor.

MARRIED: On September 3, 1936, Miss Mary Nolan (St.J.H.) to Dr. Evariste Durochere.

MARRIED: Recently, Miss Dorothy A. Ellis to Dr. Wilbert W. Holland.

MARRIED: Recently, Miss Gladys I. Woods (Victoria Hospital) to Mr. James R. Morris.

MARRIED: Recently, Miss Nellie Barr (St. J.H., London) to Mr. Herbert Smith.

MARRIED: On October 17, 1936, Miss Jeanne Kennedy (St.J.H., 1934, London) to Mr. Alonza Swift.

PETROLIA: On October 3, the members of District 1, Registered Nurses Association of Ontario, met at the Charlotte Eleanor Englehart Hospital, Petrolia, with an attendance of 76. The invocation was given by Dr. R. J. Hay and addresses of welcome were given by Mayor Frank L. Braybrook and Dr. J. A. Drummond, chairman of the Board of Trustees. A report of the Biennial Meeting of the Canadian Nurses Association was given by Miss Mildred Walker of London. Dr. R. Dougall gave an interesting address on basal metabolism. Members of the executive were guests of Miss F. C. Ritchie, superintendent of the Hospital, at a delightful luncheon. At the close of the meeting the visiting members were guests of the Alumnae Association at tea.

SARNIA: The Alumnae Association of the Sarnia General Hospital recently entertained the student nurses and former members of the Alumnae Association.

MARRIED: Recently, Miss Lenore Wellington (S.G.H.) to Mr. Keith Buchanan.

MARRIED: Recently, Miss Ena Rippen (S. G.H.) to Mr. William Berry.

MARRIED: Recently, Miss Alice Miller (S. G.H.) to Mr. George Witham.

MARRIED: Recently, Miss Alice Bardwell (S.G.H.) to Mr. Robert Boulton.

DISTRICTS 2 AND 3

BRANTFORD: Miss Edith M. Read (B.G.H., 1934) attended the graduation exercises recently held at the School of Nursing, University of Toronto, and received a certificate for the one-year course offered to hospital staff nurses in preparation for teaching and supervision. Miss Nora Hanna, Public Health Nurse, Midland, also received a certificate for the completion of the public health course.

MARRIED: On Oct. 10, 1936, Miss Evelyn Horn (B.G.H., 1935) to Mr. Frederick Given.

GUELPH: Miss H. L. Potts, Woodstock, was re-elected chairman at the annual meeting of Districts 2 and 3, R.N.A.O., held in Guelph on November 4. Miss S. A. Campbell, Guelph, was elected first vice-president; Miss K. Charnley, Brantford, second vice-president, and Miss H. D. Muir, Brantford, secretary-treasurer. Miss M. Meggitt was elected councillor for Brant County and Miss C. Jackson, representative for nurse education. Dr. S. C. Schofield gave an impressive address on "How knowledge is gained." Miss Helen Patterson, of Toronto, has accepted a position with the Victorian Order Nurses, Brantford.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: A meeting of the Alumnae Association of the Hamilton General Hospital was held on November 3 with a good attendance. A delightful musical programme was given by Miss Charlotte Currah, Miss Marjory Unsworth and Dr. Harry Martin.

MARRIED: Recently, Miss Mary E. Smith (H.G.H., 1935) to Mr. Gordon G. Fletcher.

MARRIED: Recently, Miss Margaret L. Kennedy (H.G.H., 1934) to Mr. Douglas H. Reid.

MARRIED: Recently, Miss Gladys Demoulin (H.G.H., 1933) to Dr. W. Stanley.

MARRIED: Recently, Miss Elsie Hazelwood (H.G.H., 1933) to Mr. Norman Letheren.

HAMILTON: ST. JOSEPH'S HOSPITAL: Miss Madeleine Baker, of London, chairwoman of the private duty section, R.N.A.O., addressed graduates and senior nurses of the Hamilton General and St. Joseph's Hospitals on November 5 at Undermount. Misses B. Cronin and K. Kieffer have accepted positions in New York. Miss Muriel Brown has returned from a six months' postgraduate course in New York. The quarterly meeting of the Alumnae Association took place on October 6. Miss K. Crane was nominated convener for election of officers, to take place at the meeting in December.

DISTRICT 5

BARRIE: The regular fall meeting of District 5, Registered Nurses Association of Ontario, was held in Barrie with about one hundred and twenty-five members present from various points, including Toronto, Oshawa, Orillia, Gravenhurst, Collingwood and Whitby. Mayor H. G. Robertson extended a civic welcome, and the Misses Kearns, Ryan and Mrs. Hardy sang delightful solos during the afternoon's programme. Miss M. Fleming, supervisor for the district of Barrie of the Ontario Department of Public Welfare, gave an interesting paper on "Child welfare," in which she stressed the value of the regulations of the Department, and how they were being carried out. Miss Beulah Scott, Victorian Order of Nurses, Barrie, gave an account of a busy day's work in Barrie. Hon. Dr. E. J. Simpson, Ontario Minister of Education, was the afternoon speaker and took as his subject "The value of hospitals in a community, and the nursing profession." He stated that there was a great increase in service to poor people during the past fifty years. He declared that the great work of Florence Nightingale was mainly responsible for the beginning of the change, and stated that a fundamental revolution in medical conception had also played a prominent

part. High tea was served and the members of the Barrie Nurses Alumnae Association of the Royal Victoria Hospital, and the members of the local branch of the Florence Nightingale Association, assisted in looking after the guests.

At the evening session Mr. H. M. Lay, chairman of the Board of Governors of the Royal Victoria Hospital, extended a welcome. Miss Ethel Cryderman, President of the Registered Nurses Association of Ontario, gave a splendid report of the Biennial Meeting of the Canadian Nurses Association. Miss Ethel Greenwood, Toronto, gave a special report on the Permanent Education Fund. Miss M. Fitzgerald, Toronto, explained the value of forming a chapter within the section.

DISTRICT 5

ORILLIA: A second Chapter of District 5, Registered Nurses Association of Ontario was formed in Orillia on September 30. The following members were appointed officers for the coming year: Chairman, Miss O. Waterman, superintendent, Orillia Soldiers' Memorial Hospital; vice-chairman, Miss Baker, superintendent, the Midland Hospital; secretary-treasurer, Miss H. Law, Victorian Order Nurse, Orillia. Superintendents of hospitals in each town were appointed representatives: Barrie, Miss MacArthur; Orillia, Miss O. Waterman; Midland, Miss Baker; Collingwood, Mrs. S. A. Price; Penetang, Miss MacDonald; Alliston, Miss Campbell. The first regular meeting was held in the Midland Nurses Residence on October 9. We plan to meet monthly in different towns (weather permitting). The fee for membership is twenty-five cents the first year, and at present we have seventeen paid-up members.

TORONTO: The fifth annual meeting of the Ontario branch of the Catholic Hospital Association of the United States and Canada was held during October. There was a good attendance comprising 125 delegates representing 29 Catholic Schools of Nursing. Miss E. K. Russell, Director of the School of Nursing, University of Toronto, spoke of the origin and function of the Florence Nightingale International Foundation. The president's address, by Sister M. Patricia, Superior of St. Joseph's Hospital, London, Ont., revealed the strong position of the Ontario organization, and stressed the value to Canadian hospitals of membership in the Catholic Hospital Association of the United States and Canada, with its international executive.

Speaking on the subject of hospital administration Dr. G. Harvey Agnew, Secretary of the Department of Health of the Canadian Medical Association, showed the vital importance to successful hospital management of a

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trained personnel in every department, and of effective internal co-operation resulting from mutual confidence and close co-ordination of action with the Board of Trustees. Among other prominent speakers were: Sr. Helen Jarrell, R.N., M.A., Dean of Loyola University School of Nursing, Chicago, Ill., who stressed the necessity of efficiency in hospital personnel, and Sr. M. Henrietta, R.N., B.Sc., M.A., Educational Director of St. Mary's School of Nursing, Kansas City, Mo., who dealt with the "Proposed Curriculum for Schools of Nursing in Canada," and the development of ward teaching methods. The officers elected were: President, Sister M. Monica, Hamilton; first vice-president, Mother St. Joseph, Peterborough; second vice-president, Mother Aloysia, Kingston; third vice-president, Sister St. Alban, Ottawa; secretary-treasurer, Sister M. Norine, Toronto; executive committee: Mother Margaret, Toronto; Mother Patricia, London; Sr. St. George, Cornwall; Sr. Flavian, Brockville; Sr. Felicitas, North Bay.

TORONTO GENERAL HOSPITAL: Miss Agnes Neill (T.G.H., 1925) has completed a post-graduate course at Bedford College, London, England, and is now on the staff of the Training School Office. Miss Patricia Collins (T.G.H., 1933) has been transferred from the staff of the out-patients department to the Training School Office. Miss Mary Bourne (T.G.H., 1934) has taken the position of assistant head nurse on Ward G. Miss Ruth Duff (T.G.H., 1935) has been appointed as assistant head nurse on Ward I. Miss Betty Watson (T.G.H., 1934) is now teaching supervisor in the out-patients department. Miss Jean McLean (T.G.H., 1930) has been appointed head nurse on Ward D. Miss Mary Phillips (T.G.H., 1935) has been appointed to the position of relieving night supervisors in the Main Building of the hospital.

The following T.G.H. graduates are registered at the School of Nursing for postgraduate work: Viola Capp, 1932; Muriel Miller, 1928; Jessie Smith, 1934; Marion Thompson, 1936; Doran Bennest, 1936; Ruth Breithaupt, 1932; Arleigh Comstock, 1935; Edith Hendry, 1934; Edythe McColl, 1936; Isabel Robertson, 1936; Elizabeth Thomson, 1935; Mary Patterson, 1936.

The regular fall meeting of the Alumnae Association was held on October 7 and the refresher course was a great success. The speakers and their subjects were as follows: Dr. H. W. Johnston, "Recent advance in gynaecology"; Dr. R. F. Farquharson, "Endocrine disease and its treatment"; Dr. Gladys Boyd, "New developments in paediatrics"; Dr. C. B. Farrar, "Social aspects of disease."

TORONTO WESTERN HOSPITAL: A successful tea was held recently by the Alumnae Association.

MARRIED: On September 24, 1936, Miss Jean Dick (W.H.D., 1929) to Mr. Arthur Black.

MARRIED: On September 29, 1936, Miss Daisy McCleary (W.H.D., 1924) to Mr. Harold Campbell.

MARRIED: Recently, Miss Anne Woodward (W.H.D., 1929) to Dr. Cyril MacLean.

TORONTO WESTERN HOSPITAL: In the November issue of the *Journal* personal items appeared concerning the following nurses: Mrs. Elizabeth Duff, Miss Helen Lane, Miss Marian Wylie, Miss Ruth Kenny, Mrs. Wilhelmina Davis (née Jones), Miss Irene Carpenter, Miss Arvella Carnegie, Miss Nellie Allibon, Miss Verna Young.

These nurses are graduates of the School of Nursing of the Toronto Western Hospital and not of Grace Hospital as stated in error.

DISTRICT 6

BELLEVILLE: Chapter A, District 6, held their regular meeting at Belleville on October 14. The following officers were elected: President, Miss V. Grose; vice-president, Miss M. J. Youmans; secretary-treasurer, Miss B. S. Allen; membership convener, Miss Ada Chatterton; nursing education convener, Miss F. C. McIndoo; public health convener, Miss B. Soutar; private duty convener, Miss Helen Fitzgerald; history convener, Miss Florence Fitzgerald; representative to *The Canadian Nurse*, Miss Lucille Bertram; flower committee, Miss Ruby Windsor; visiting committee, Miss Nettie Brown; enrolment officer, Miss Josie Sampson. Miss Florence Fitzgerald gave an interesting talk on her trip to Vimy.

PETERBOROUGH: A meeting of Chapter C, District 6, R.N.A.O., was held in the Nicholls Hospital on October 21. Miss Alma Dobbin, the retiring president, was presented with a yellow pottery bowl and Miss Vickers, retiring secretary, with a crystal sandwich plate in appreciation of their splendid services during a highly successful year.

DISTRICT 7

KINGSTON: The annual meeting of the Kingston General Hospital Alumnae Association was held on October 27, with Miss Baillie presiding. The meeting was devoted to reports from various committees, and the work was re-organized for the coming year. The secretary made a gratifying report of the year's activities and the treasurer reported the Association to be in good financial standing.

MARRIED: On October 19, 1936, Miss Mabel Gardiner (K.G.H., 1933) to Dr. F. W. Attack.

MARRIED: On October 8, 1936, Miss Norma Stuart (K.G.H., 1930) to Mr. Stevenson.

MARRIED: On October 29, 1936, Miss Jean Ham (K.G.H., 1934) to Mr. Ashton Johnston.

MARRIED: On October 27, 1936, Miss Besie Ewing (K.G.H., 1931) to Mr. P. J. McDonough.

MARRIED: On October 26, 1936, Miss Audrey Warwick (K.G.H., 1934) to Mr. J. E. Delaney.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: A meeting of the Alumnae Association was held recently. Reports of the Biennial Meeting of the Canadian Nurses Association were given by Miss E. B. Rogers and Miss Gertrude Ferguson.

MARRIED: On Oct. 31, 1936, Miss Gertrude Moloney (O.C.H., 1927) to Captain Percival Holt.

MARRIED: On Nov. 7, 1936, Miss Gertrude MacDonald (O.C.H., 1929) to Mr. Ernest Holland.

OTTAWA GENERAL HOSPITAL: The Alumnae Association held a successful bridge recently. Miss Mary Henderson has accepted a position with the International Paper Company.

MARRIED: On Oct. 17, 1936, Miss Mary Larose (O.G.H., 1927) to Dr. J. P. Benfield, Jr.

MARRIED: On Oct. 17, 1936, Miss Eileen O'Neil (O.G.H., 1927) to Mr. O'Neil.

MARRIED: On Oct. 17, 1936, Miss Pamela Dumas (O.G.H., 1925) to Mr. Murchand.

OTTAWA: Miss Mary Acland has recently resigned as assistant superintendent of Strathcona Hospital and is leaving for California where she expects to spend the winter. Miss Kate McIlraith has been appointed to succeed Miss Della MacGregor as superintendent of the Ottawa district of the Victorian Order of Nurses.

DISTRICT 9

SAULT STE. MARIE: Miss Alice M. McGregor (Plummer Memorial Public Hospital, 1933) has completed a year's study in hospital administration and public health, at the School of Nursing, University of Toronto. She has been appointed superintendent of nurses of the Plummer Memorial Hospital, replacing Miss Ann Wensley, who recently resigned to be married. Miss Dorothy Foster has been appointed X-ray technician in the Plummer Memorial Hospital. She recently completed a three months' course in radiology in New York. Miss Evelyn Hoodless (Plummer Memorial Public Hospital, 1933) has been appointed assistant supervisor of the obstetrical department of the Women's Hospital, New



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York. A successful bridge party was given by the Alumnae Association of the General Hospital, the proceeds to be used to purchase linen for the nurses' room.

MARRIED: On September 9, 1936, Miss Ann Wensley to Mr. Elmer W. West.

MARRIED: On October 13, 1936, Miss Ethel Fry (General Hospital, 1934) to Mr. Charles L. Rooney.

SUDBURY: A meeting of the Sudbury Chapter of District 9, R.N.A.O., was held at the St. Joseph's Hospital recently. Miss Jane Thomas, chairman, presided. Dr. Morgan gave an interesting and instructive talk on tuberculosis. Articles from *The Canadian Nurse* concerning the Dominion Registration and reports of the Biennial Meeting of the Canadian Nurses Association were submitted by the chairman, and discussed. Miss A. Chevretil was appointed representative to *The Canadian Nurse*.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: The members of the Registered Nurses Association of Prince Edward Island were honoured in having as their guest at a special meeting Miss E. MacPherson Dickson, chairman of the national committee on Dominion Registration. She gave an excellent report of the work already accomplished by her committee, and outlined plans for the future. We were fortunate in having her with us and the nurses are deeply appreciative of the privilege of hearing her.

At the registration examinations recently held in Charlottetown, fifteen nurses received their certificates, and became members of the Provincial Association. Four of the public health nurses from Prince Edward Island attended the refresher course, conducted in Saint John, N.B., by the New Brunswick Department of Health.

Miss Mary Kelly, of New York City, recently gave an instructive lecture to the student and graduate nurses of the Charlottetown Hospital on "Reading good literature."

Among the nurses taking part in the Vimy Pilgrimage were the Misses W. Schurman, M. Slackford, J. Townsend, I. Gillan and A. Mair. Miss Schurman and Miss Slackford are remaining in London for postgraduate work, the other members of the party returned recently,

after having spent two months in England and on the Continent. While in London these nurses visited Bedford College, Manchester Square, and St. Thomas's Hospital. Miss A. Rodgerson and Miss B. McKenzie have been spending a pleasant holiday in Boston, Mass.

MARRIED: On September 23, 1936, Miss Josepha Des Roches (Charlottetown Hospital, 1934) to Mr. Wilfred McNally.

SUMMERSIDE: The second quarterly meeting of the Registered Nurses Association of Prince Edward Island was held recently at the Prince County Hospital, Summerside, the President, Miss Mair, presiding. Nurses from Charlottetown and surrounding districts were in attendance. A special feature was a talk by Sister St. Stanislaus, of the City Hospital, Charlottetown, who was a delegate to the Biennial Meeting of the Canadian Nurses Association. Another pleasing feature was an interesting description of the Vimy Pilgrimage given by Miss Jean Townsend, public health nurse for Prince Edward Island, who has just returned from abroad. Afternoon tea was served by Miss Lavers, superintendent of the Prince County Hospital, assisted by the nursing staff.

QUEBEC

MONTREAL: HOMOEOPATHIC HOSPITAL: The following marriages have taken place recently: Miss Anne Wyatt (class of 1929) to Mr. Cecil Pollock; Miss A. Davis (class of 1932) to Mr. Fred Barnes; Miss Eva Ashby (class of 1929) to Mr. Fred Webster.

QUEBEC: The annual meeting of the Alumnae Association of the School of Nursing of Jeffery Hale's Hospital opened with an interesting illustrated lecture on new methods in treatment of fractures and varicose ulcers given by a representative of Smith and Nephew. Miss Armour was chosen to place the wreath at the Cross of Sacrifice on Armistice Day. Officers were elected for the coming year as follows: Hon. president, Mrs. S. Barrow; president, Mrs. C. Young; first vice-president, Mrs. M. Craig; second vice-president, Miss N. Martin; recording secretary, Miss M. Rawland; corresponding secretary, Miss M. Fischer; treasurer, Miss E. H. McHarg; Councillors: Miss R. Christie, Miss M. Lunan, Miss P. Rand, Miss M. Green, Mrs. D. Jackson;



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Committees: visiting, Mrs. S. Barrow, Miss M. Cochrane, Mrs. T. H. Buttermore; refreshment, Miss P. Rand, Miss T. Arnott, Miss R. Christie, Miss G. Lawrence; representatives: to Private Duty Section, Miss E. Walsh; to *The Canadian Nurse*, Miss G. Weary. Miss P. Bruce (J.H.H., 1936) has accepted a position on the staff of the Damie Warren Hospital, Sussex, N.B.

SASKATCHEWAN

REGINA: Miss Gladys MacDonald, of the Regina School of Nursing staff, has been elected president of the Regina Branch, S.R.N.A., thus filling the vacancy created by Miss Prior's resignation. Miss Helen LeFebvre has been appointed secretary. The private duty section of the Regina Branch, S.R.N.A., held a special meeting, at which they discussed a possible eight-hour day for special nurses in hospitals, and also conditions regarding twenty-four-hour duty in the home. Resolutions regarding same have been sent to the Regina Branch of the S.R.N.A. for consideration. At the regular meeting of the section the report of the committee on Functions and Standards in Private Duty Nursing was discussed.

REGINA: The Regina General Hospital Alumnae Association recently raffled a case of

Lady Hamilton flat silver and cleared \$87.75.

MARRIED: On October 17, 1936, Miss Kathleen Roantree (R.G.H., 1935) to Mr. Donald Swinnerton.

REGINA: Miss Florence Troughton (R.G.H., 1935), the winner of the 1936 Carss Scholarship, and Miss Marion Thompson, supervisor of the Cancer Department, have entered the School for Graduate Nurses, McGill University for their postgraduate course in Teaching and Supervision. Miss Doris Begg (R.G.H., 1935), night supervisor of the obstetric ward, has been awarded a scholarship and is now taking a three months' course in obstetrical nursing at the Royal Victoria Montreal Maternity Hospital. Miss Ruth Carter (R.G.H., 1935) has been appointed assistant supervisor in the operating room. Miss Gertrude Keohane (R.G.H., 1936) is taking a postgraduate course in Obstetrical Nursing at the Royal Victoria Montreal Maternity Hospital.

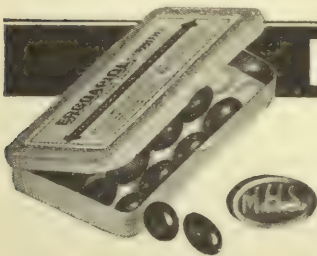
SASKATOON: A home-coming tea was arranged recently by the Alumnae Association of St. Paul's Hospital. An honoured guest at the tea was Miss Ruby Simpson, O.B.E., president of the Canadian Nurses Association. At the close of her address a new constitution for the

(Continued on page 589)

A FINE RECORD

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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

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PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg.
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PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; **VICE-CHAIRMAN:** Miss M. Kerr, Eburne; **SECRETARY-TREASURER:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Thretheway, 620 Vancouver Block, Vancouver; *Councillors*: Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave. Winnipeg; First Vice-President, Miss J. Houston Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board*: Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 26, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stohart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolsley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors*: Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffatt and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections: Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1: Chairman*, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princes Ave., London; *Districts 2 and 3: Chairman*, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4: Chairman*, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5: Chairman*, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6: Chairman*, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7: Chairman*, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8: Chairman*, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9: Miss H. E. Smith*, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10: Chairman*, Miss Gladys Young, 119 Pine St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princes Ave., London; *Councillors*: Misses F. Connelley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnstone; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors*: Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors*: Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections*: *Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors*: Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson. Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative to The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity

Hospital; Vice-President (French), Rév. Soeur Allard Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Ellen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montréal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Juliane Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College Montreal, Miss K. L. Annesley, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Willis, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Miss L. Altrux; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Roussom; *Visiting*, Mrs. W. A. Fraser; *Representatives to Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss M. Ahier; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N.

Passmore; *Committee Conveners*: *Programme*, Miss V. B. Eidt; *Social*, Miss S. Keeler; *Visiting*, Mrs. D. C. Fraser; *Membership*, Miss E. Higginbotham; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Pelee.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives to the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners*: *Private Duty Section*, Miss Higgins; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee*

Conveners: *Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Bldg., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees*: *Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt, *Executive*, Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners*: *Press*, Miss H. Paterson; *Visiting*, Miss Whale; *Programme*, Mrs. Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Refreshment*, Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners*: *Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee*: Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener*, *Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 18th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealy; *Committee Conveners*: *Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; *Representative to V.G.N.A.*, Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibbertson; Second Vice-Pres., Mrs. J. H. Russell;

Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees*: *Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Mrs. B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 97 Balmoral Place; *Committee Conveners*: *Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margaron; *Press*, Miss Parkhill; *Representatives to Local Council of Women*, Mrs. C. Sharkey; *Press Representative to the M.A.R.N. and The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener*: *Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners*: *Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart; Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. Ross, 200 Garfield St.; Treasurer, Miss L. A. Warner, Winnipeg General Hospital; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners*: *Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss J. Moody, 99 George St.; Assistant Editor, Miss H. Miller; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative to The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel; Second Vice-President, Miss M. Fillmore; Treasurer; Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson; Nurses Residence, Saint John General Hospital; *Executive Committee*: Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas., Miss P. Palmer, Woodstock; *Executive Committee*: Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees*: *Visiting*, Mrs. A. Wart; *Programme*, Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative*, Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners*: *Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Mrs. J. Graham, 51 Cobourg Rd.; Vice-President, Miss A. Cox, T.B. Hospital, Morris St.; Treasurer, Miss Muriel Graham, 71 Jubilee Rd.; Secretary, Miss Dorothy E. Enman, Victoria General Hospital, Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee*, Miss T. Bird; Representative to *The Canadian Nurse*, Miss M. Jury.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President; Miss H. Muir; Vice-President, Miss N. Yardley; Secretary, Miss E. Read, Brantford General Hospital; Assistant Secretary, Miss M. Hollister; Treasurer, Miss A. Goodwin; *Committee Conveners*: *Social*, Mrs. Drury; *Assistant Social*, Miss D. Linscott; *Flower*, Misses R. Cleaves, E. Patterson, M. Pierce; *Gifts*, Mrs. J. Davidson, Miss M. Patterson; *Representatives*; to *Local Council of Women*, Miss J. M. Wilson; to *The Canadian Nurse and Press*, Miss E. M. Horn.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-Pres., Sister M. Consolata; Pres., Mrs. I. Salmon; First Vice-Pres., Miss M. Kearns; Sec. Vice-Pres., Mrs. F. Driscoll; Sec.-Treas., Miss M. Donovan, 113 Harvey St.; Corr. Sec., Miss M. Doyle, 92 Cross St.; *Executive*: Misses J. Ross, L. O'Neil, E. Wright, Mrs. C. Jackson; *Representative District 1, R.N.A.O.*, Miss L. Pettypiece; to *The Canadian Nurse*, Miss Y. Chauvin.

A.A., Collingwood General and Marine Hospital, Collingwood

Hon. President, Mrs. S. A. Price; President, Mrs. R. Allen; First Vice-Pres., Miss J. Hunt; Sec. Vice-Pres., Mrs. W. A. Switzer; Sec., Miss S. D. Johnston, Collingwood General and Marine Hospital; Treas., Miss B. M. Anderson; *Committee Conveners*: *Social*, Miss K. Hanley; *Visiting and Flower*, Miss F. McIntyre, Mrs. G. Jefferies. Meeting, first Tuesday of the month, 8 p.m.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

President, Miss A. MacDonald; Vice-President, Miss J. Belle; Secretary, Miss E. Gass, Galt Hospital; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener*, Miss M. Van Dyke; *Press Representative*, Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners*: *Social*, Miss M. McFarlane; *Programme*, Miss A. Fennell; *Flower*, Miss I. Wilson; Representative to *The Canadian Nurse*, Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

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Committee, Mrs. H. Tellier, Mrs. E. Drake; *Representatives to Private Duty Section*, Miss B. Henderson-Cleland, Miss B. Lumsden; to *The Canadian Nurse*, Miss M. Saunders. Regular monthly meeting every third Wednesday, 8 p.m.

A.A., School for Graduate Nurses, McGill University, Montreal

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Elizabeth Smellie; Hon. Members, Miss M. F. Hersey, Miss Grace M. Fairley, Mrs. R. W. Reford, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Miss M. L. Moag, Miss C. M. Ferguson, Miss C. V. Barrett, Miss Esther Beith; President, Miss Eileen C. Flanagan, Neurological Institute; Vice-President, Miss Blanche Herman; Secretary-Treasurer, Miss Jean MacLaren, Royal Victoria Hospital; *Chairmen of Committees: Flora Madeline Shaw Memorial Fund*, Miss E. Frances Upton, 1396 St. Catherine St. W.; *Programme*, Miss Dora Parry, Children's Memorial Hospital; *Representatives to Local Council of Women*, Miss M. McCallum, Miss W. McCunn; to *The Canadian Nurse: Administration*, Miss Marie L. Des Barres; *Teaching*, Miss K. MacLennan; *Public Health*, Miss M. MacKinnon.

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NEWS NOTES—Continued

Alumnae Association was agreed upon. Miss Simpson also spoke at a charmingly arranged dinner over which the president of the Association, Miss Eugenie Lepine, presided. Some fifty members were present. Miss Simpson gave a vivid description of the activities of the Canadian Nurses Association and told, too, of those of the International Council of Nurses

whose next congress will be held in London in 1937.

SASKATOON: Miss I. M. Rooke (S.C.H., 1932) is taking a postgraduate course at the Alexandra Hospital, Montreal. At the November meeting of the Saskatoon Registered Nurses Association, Dr. J. A. Valens gave an interesting address on "Pioneering in Saskatchewan."

THE CANADIAN NURSE

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